

4. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		32145	
State Board of Health					
County of <u>Spitbg</u>		Registration District No. <u>40-A</u>		Registered No. <u>438</u>	
Township of		(No. <u>Law</u> St.; Ward)		(For use of Local Registrar)	
or					
Inc. Town of					
or					
City of <u>Spitbg</u>					
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Yellow Pamela Laddema</u>				supplemental report as directed	
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
			<u>Yes</u>	<u>9 24 32</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME	<u>Lawrence Lemaster</u>	(14) NAME BEFORE MARRIAGE	<u>Miriam Park</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>City</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>City</u>		
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>		
(11) AGE AT LAST BIRTHDAY	<u>45</u>	(17) AGE AT LAST BIRTHDAY	<u>25</u>		
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>		
(13) OCCUPATION		(19) OCCUPATION	<u>Housewife</u>		
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)					
(23) (Signature) <u>W. W. Leonard</u>					
(24) State whether Physician or Midwife					
(25) Address of Physi. or Midwife					
affid.					
Given name noted from a supplemental report					
<u>M. B. W. M. D.</u>					
<u>6/4/42</u> 19					
Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>10-1-19 22</u> Local Registrar					
When there was no attending physician or midwife, then the father, householder, etc. should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					