

(1) PLACE OF BIRTH

County of MarlboroTownship of St. John S.C.Inc. Town of St. JohnCity of St. John

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4606

Registration District No. 2844 Registered No. 19

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Name of Child John If child is not yet named, make supplemental report as directed(1) SEX OR GENDER Male (2) TWIN OR TRIPLETS No (3) NUMBER IN ORDER OF BIRTH 1 (4) ARE PARENTS MARRIED? Yes (5) DATE OF BIRTH 2/24/32 (Name of Month) (Day) (Year)FATHER: (14) NAME BEFORE MARRIAGE John Lawrence(15) PRESENT POSTOFFICE OF FATHER St. John(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE St. John(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Midwife (23) State whether Physician or Midwife (24) Address of Physician or Midwife St. John S.C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(26) Local Registrar W. N. Woodley

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.