

(1) PLACE OF BIRTH

County of

Township of

or
In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

37738

X

Registration District No.

Registered No.

(For use of Local Registrar)

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

(7) Full Name of Child Joseph W. B. Fawler

If child is not yet named, make supplemental report as directed

2. SEX OF CHILD

(1) Male or Female

(2) Number in order of birth

(3) Are Parents Married

(4) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

6. FULL NAME

(14) NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

(16) PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(13) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

12. BIRTHPLACE

(15) BIRTHPLACE

13. OCCUPATION

(18) OCCUPATION

21. Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 P.M. on the date above stated. (Hour of day, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

19. Registrar

(27) Filed

19

(28)

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.

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