

(1) PLACE OF BIRTH

County of Lancaster

Township of Plat Creek

City of _____

City of _____

(2) Full Name of Child _____

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

File No. — For State Registrar Only
11721

Registration District No. 2803

Registered No. 34
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2 1918
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME F. Seigler
(9) PRESENT POSTOFFICE OF FATHER Kershaw SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Richland Co SC
(13) OCCUPATION Cotton Mill Operative
(14) Number of children born to mother, including present birth 3

MOTHER
(15) NAME BEFORE MARRIAGE Mamie Singletary
(16) PRESENT POSTOFFICE OF MOTHER Kershaw SC
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 28 (Years)
(19) BIRTHPLACE Sumter Co SC
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at home, at 12-20 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
(27) Date May 15 1918 (28) J.C. Nelson 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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