

(1) PLACE OF BIRTH

County of Laurens

Township of

Inc. Town of

City of Laurens (No. St.; Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1-1-1File No.—for State Registrar Only
3910Registered 16
(For use of Local Registrar)(2) Full Name of Child Latika (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 23</u> (Name of Month) (Day) (Year)
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FATHER. (8) FULL NAME <u>John</u> (9) PRESENT POSTOFFICE OF FATHER <u>Laurens</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) (12) BIRTHPLACE <u>Laurens</u> (13) OCCUPATION <u>Farmer</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Latika</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Laurens</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Laurens</u> (19) OCCUPATION <u>Homemaker</u>	
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(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Latika (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Latika(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens

(26) Given name added from a supplemental report	(27) Witness (Signature of Witness necessary only when question 22 is signed by mark)
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(28) Filed Latika (29) Latika 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 stillborns before the fifth month of pregnancy.

When the child is born, the mother is a permanent resident of this State, and the child is a permanent resident of this State, the mother and child are to be reported as such. When the mother is a permanent resident of this State, and the child is a permanent resident of another State, the mother is to be reported as such, and the child is to be reported as such. When the mother is a permanent resident of another State, and the child is a permanent resident of this State, the mother is to be reported as such, and the child is to be reported as such. When the mother and child are both permanent residents of another State, the mother and child are to be reported as such.