

(1) PLACE OF BIRTH

County of

Township of

or

City of

(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 Health

File No. — For State Registrar Only
79326

Registration District No. 4008

Registered No. 057

(For use of Local Registrar)

(No. RFD 1)

St. Ward

(2) Full Name of Child, Marvin Woodman Freese

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 12

(Name of Month) (Day) (Year)

FATHER.

Full Name

FATHER.

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 6 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

After name added from a supplemental report

(26) Witness

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

7/31/45
J. P. Lissner, Ch. Clerk
Registrar7/31/45
E. P. Parker
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If deaths 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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