

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

40937

County of HampdenTownship of East Branch

or

Inc. Town of East Branch

or

Registration District No. 2405Registered No. 58

(For use of Local Registrar.)

City of _____ (No. _____) (Ward _____)

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

(2) Full Name of Child Wanda Marie (If child is not yet named, make supplemental report as directed)

(3) BOY GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 6 '35</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Walter Daniel

(9) PRESENT POSTOFFICE OF FATHER East Branch

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farm

(14) Number of children born to mother, including present birth 200

MOTHER

(14) NAME BEFORE MARRIAGE Patricia Marion

(15) PRESENT POSTOFFICE OF MOTHER East Branch

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House Work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 7:00 M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife East Branch

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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.

WRITE PLAINLY. WITH WRITING SEE THAT NO A PERSONAL ADDRESS IS GIVEN. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. SEE QUESTION 1. FIRST-BORN, No. 1, THE OTHER, No. 2, etc.