

22-048041

Registration Dist. No. _____ **STANDARD CERTIFICATE OF LIVE BIRTH**
Division of Vital Statistics - State Board of Health
Registrar's No. _____ State of South Carolina Birth No. 139 - 22 050373

1. PLACE OF BIRTH		2. Usual Residence of Mother (Where does mother live?)	
a. County Richland	b. City (If outside corporate limits, write RURAL) Columbia	a. State S. C.	b. County Lexington
c. Full name of hospital or institution (If not in hospital or institution, give street address or location)		d. Street address (If rural, give location) RFD	
3. Child's name (Type or Print)		3. Child's name (Type or Print)	
a. (First) MELVIN	b. (Middle) COOPER	c. (Last) WINGARD	
4. Sex Male	5a. This birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If twin or triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. Date (Month) (Day) (Year) of birth July 11, 1922

FATHER OF CHILD

7. Full name		8. Color or race	
a. (First) Matthew	b. (Middle) B.	c. (Last) Wingard	White
9. Age (At time of this birth) 36 Years	10. Birthplace (State or foreign country) Lexington Co., S.C.	11a. Usual occupation Farmer	11b. Kind of business or industry

MOTHER OF CHILD

12. Full maiden name		13. Color or race	
a. (First) Jessie	b. (Middle) Lever	c. (Last)	White
14. Age (At time of this birth) 36 Years	15. Birthplace (State or foreign country) Lexington Co., S.C.	16. Children previously born to this mother (Do NOT include this child)	
		(a) How many OTHER children are now living?	(b) How many OTHER children were born alive but are now dead?
		(c) How many children were stillborn (born dead after 20 weeks pregnancy)?	

17. I have reviewed the information on this, my child's birth certificate, and find it to be correct.		18. I hereby certify that this child was born alive on the date stated above at		18b. Attendant at birth	
(Signature of Mother)		18a. Signature of attendant D. S. Black		M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. Date rec'd by Local Reg. 4-30-52		20. Registrar's signature Thos. P. Lesesne		18d. Date signed	
				21. Date on which given name added By (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. Length of pregnancy Weeks	22b. Weight at birth lb. oz.	23. Is mother married to father of child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	24. Mother's blood tested for syphilis? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Laboratory
25a. State any complications of pregnancy and labor		25b. State any operation for delivery	25c. Describe any birth injury
25d. Describe any congenital malformations (over)		25e. What prophylactic used in eyes? M.	
		25f. Time used dm b	

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.