

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.

STANDARD CERTIFICATE OF LIVE BIRTH									
Registration Dist. No. _____		Division of Vital Statistics - State Board of Health				22 050373			
Registrar's No. _____		State of South Carolina				Birth No. 139 -			
1. PLACE OF BIRTH					2. Usual Residence of Mother (Where does mother live?)				
a. County Richland					a. State S. C. b. County Lexington				
b. City or town Columbia (If outside corporate limits, write RURAL)					c. City or town Lexington (If outside corporate limits, write RURAL)				
c. Full name of hospital or institution (If not in hospital or institution, give street address or location)					d. Street address RFD (If rural, give location)				
3. Child's name (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
			MELVIN		COOPER		WINGARD		
4. Sex	5a. This birth		5b. If twin or triplet (This child born)		6. Date (Month) (Day) (Year)				
Male	Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		July 11, 1922				
FATHER OF CHILD									
7. Full name			a. (First)		b. (Middle)		c. (Last)		8. Color or race
			Matthew		B.		Wingard		White
9. Age (At time of this birth)		10. Birthplace (State or foreign country)		11a. Usual occupation		11b. Kind of business or industry			
36 Years		Lexington Co., S.C.		Farmer					
MOTHER OF CHILD									
12. Full maiden name			a. (First)		b. (Middle)		c. (Last)		13. Color or race
			Jessie				Lever		White
14. Age (At time of this birth)		15. Birthplace (State or foreign country)		16. Children previously born to this mother (Do NOT include this child)					
36 Years		Lexington Co., S. C.		(a) How many OTHER children are now living? 0 (b) How many OTHER children were born alive but are now dead? 0 (c) How many children were stillborn (born dead after 20 weeks pregnancy)? 0					
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	
				18a. Signature of attendant D. S. Black				M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
(Signature of Mother)				18c. Address				18d. Date signed	
19. Date rec'd by Local Reg.		20. Registrar's signature				21. Date on which given name added			
4-30-52		Thos. P. Lesesne				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					25e. What prophylactic used in eyes?				
					25f. Time used M.				

dmb

Form No. VS-2