

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or

City of

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

(2) Full Name of Child

(3) SEX OF
CHILD(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
POSTOFFICE
OF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY (Years)(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report.

191

Registrar

(26) Witness

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

(27) Filed

May 18 1903

(28)

N. W. Lenoir
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.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

9926

Registration District No. 310 Registered No. 36

(For use of Local Registrar)

St.: Ward)

If child is not yet named, make
supplemental report as directed(3) SEX OF
CHILD(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
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