

(1) PLACE OF BIRTH

County of Adams
 Township of Chickasaw
 or
 Inc. Town of Batavia
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4480

Registration District No. 31-A Registered No. 15
 (For use of Local Registrar)

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

(2) Full Name of Child David Ridgell

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(6) No.
of
marriage(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

20) 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

(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 born at 11:30 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

Given name added from a supplemental
 and report.

(26) Witness

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

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths
 before the sixth month of pregnancy.

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