

File No. — For State Highway Dept.  
17339

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

Registration District No. 1, A: A

Registered No. .... 930  
(For use of Local Registrar)

Inc. Town of.....

City of .....

(No. .... St. .... Ward)

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

(2) **Full Name of Child.**

Again, Rose, the

If child is not yet named, make  
[supplemental] report as directed

(2) BOY OR GIRL

(4) **Total** \_\_\_\_\_  
**or Trustee** \_\_\_\_\_  
 To be completed only by \_\_\_\_\_

(1) Number in order of birth —

APR 1964

(7) DATE                      19      
 MONTH                      (Day) (Year)

# FATHER

**NOTED.**

(a) FULL NAME Stephen R. R...

(10) NAME BEFORE MARRIAGE Charles E. Hill

(7) PRESENT POSTOFFICE OF FATHER London, England

(18) PRESENT POSTOFFICE OF MOTHER Washington

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY..... 33.  
(Years)

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) **ANTIPLAGE**

(76) **ENTRANCE**

(15) OCCUPATION

(16) OCCUPATION

(20) Number of children born to mother, including present birth 1 7

(71) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ M., J. S. P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only  
when question 22 is signed by male)

.....

(ST) Filed July 1, 1962 (20) 100-100000-100000 Registrar.

**Registrar**

**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.**