

(1) PLACE OF BIRTH

County of FlamTownship of Jeffersonor
Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1241

Registration District No. 207 Registered No. 1
(For use of Local Registrar)(No. 1 St.; 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child William M. P. P. P. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at birth See (7) DATE OF BIRTH Jan 76
To be answered only in case of Twins or Triplets (Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. M. P. P. (14) NAME BEFORE MARRIAGE Wm. M. P. P.(9) PRESENT POSTOFFICE OF FATHER Wm. M. P. P. (15) PRESENT POSTOFFICE OF MOTHER Wm. M. P. P.(10) COLOR OR RACE Wm. M. P. P. (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE Wm. M. P. P. (17) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farmer (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M. on the date above stated. (Born alive (Stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. M. P. P.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wm. M. P. P.

Given name added from a supplemental report

(26) Witness C. E. H. H. H. H.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 76 (28) Wm. M. P. P. 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 registered as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.