

PLACE OF BIRTH

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

File No.—For State Registrar Only

12807

County of Anderson

Township of Sumter

In Town of

City of

Registration District No. 303 Registered No. 40
(For use of Local Registrar)

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

Full Name of Child Katherine Hares If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD (2) DATE OF BIRTH (3) Number in order of birth (4) Twin or Triplet? (5) Are Parents Married? (6) BIRTH (Name of Month) (Day) (Year)

FATHER: (1) FULL NAME (2) PRESENT POSTOFFICE (3) COLOR OR RACE (4) AGE AT LAST BIRTHDAY (5) BIRTHPLACE (6) OCCUPATION (7) Number of children born to father, 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

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

(22) (Signature) (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed (28) Local Registrar

When there is an attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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