

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2868

Registration District No. 400 Registered No. 20

(For use of Local Registrar)

(No. of Birth) (Name of Mother) (Name of Father) (Name of Child)

Full Name of Child Maude H. H. H. If child is not yet named, make supplemental report as directed

(1) Sex of Child (2) Twin or Triplet? (3) Number in order of birth (4) Are Parents Married? (5) DATE OF BIRTH (6) Name of Mother (7) Name of Father (8) Name of Child

(9) FULL NAME OF FATHER (10) PRESENT POSTOFFICE OF FATHER (11) COLOR OR RACE (12) BIRTHPLACE (13) OCCUPATION (14) NAME BEFORE MARRIAGE OF MOTHER (15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (18) BIRTHPLACE (19) OCCUPATION (20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness (27) Filed (28) Local Registrar

(29) 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.

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