

File No.—For State Registrar Only

9714

Registration District No. 276

Registered No. 28.....
(For use of Local Registrar)

St.; Ward)
of street and number)

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

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

(7) DATE

BIRTH 21 Nov 21, 1922

MOTHER

E. L. B. S. S.

Sept. 20

164

1964 (Year)
Pike Co S C

House Writer

Three

(21) Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alice at J.O.P.M.
on the date above stated

(23) (Signature)

(24) State whether Physician or Midwife

(135) Address of Rheolot: 5 or Mid-16

Given name added from a supplemental report

(20) Wilson

(Signature of Witness necessary only when question 53 is signed by Mark)

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Register

(3) **File**

(28)

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.