

N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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

13131

Registration District No 4204

Registered No. 20.....
(For use of Local Registrar)

(No. St.; Ward

(No. St.; Ward

(If institution, give name of same instead of street and number.)

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

(4) Twin

(5) Member in order of birth

(U) Are Parents

(7) DATE OF

DATE OF BIRTH Jan. 21 1921
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillian Fisher*

(15) PRESENT POSTOFFICE OF MOTHER Rocky S. P. T. F. W.

(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *31*.....

(16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *27* (Years)

12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION
Farmer

(18) OCCUPATION
Domestic

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

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 11 M.
on the date above stated. B (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature)

(34) State whether Physician or Midwife

Messrs. Tallier

Given name added from a supplemental report

(20) WILSON

(Signature of Witness necessary only
when question 13 is signed by mark)

(S) [unclear]

(28) V. U. d. 1950
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 reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

6:27 9/14/84

Local Registrar

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