

(1) PLACE OF BIRTH

County of LexingtonTownship of East

or

Inc. Town of

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3106

File No. - For State Registrar Only

7704Registered No. 8

(For use of Local Registrar)

(No. Al.; Ward)

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

(2) Full Name of Child

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

3. ☒ BOY OR
GIRL4. Twin
or Triplet5. Number in
order of birth
To be covered only in case of Twin or Triplet6. Are
Parents
Married Yes

7. DATE OF

BIRTH

Feb 8 1933
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAMERoyal Smith9. PRESENT
POSTOFFICE
OF FATHERImo SC10. COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY35
(Years)

12. BIRTHPLACE

Imo SC

13. OCCUPATION

Farmer20. Number of children born to
mother, including present birth1 3

MOTHER.

(14) NAME BEFORE
MARRIAGENellie Rouse(15) PRESENT
POSTOFFICE
OF MOTHERImo SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

Imo SC

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 P. M.,
on the date above stated. (Born alive or Stillborn) Hour (P. M.)

(23) (Signature)

R. E. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Imo SC(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)

(27) Filed

19

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

How to Report

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