

(1) PLACE OF BIRTH

County of Albemarle
 Township of Albemarle
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19271

Registration District No. 2904 Registered No. 27
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child News Benjamin George If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 23 19 27
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME News George
 9 PRESENT POSTOFFICE OF FATHER Wills Mills
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 33
 (Years)
 12 BIRTHPLACE Edgelyville
 13 OCCUPATION Mill Worker

MOTHER.

14 NAME BEFORE MARRIAGE Mary Anniston
 15 PRESENT POSTOFFICE OF MOTHER Wills Mills
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 36
 (Years)
 18 BIRTHPLACE Edgelyville
 19 OCCUPATION Housewife
 20 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was born at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) News George (24) State South Carolina (25) Address of Phys. or Midwife Edgelyville

Given name added from a supplemental report

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

(27) Filed June 25 19 27 (28) News George 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.