

## (1) PLACE OF BIRTH

County of .....

Township of .....

OF

Inc. Town of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19327

Registration District No. .... Registered No. 38

(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 Robert Capeland Id is not yet named, make  
(supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 19, 1932</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Ed. Capeland(9) PRESENT POSTOFFICE OF FATHER E. C. 54 B36(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE (13) OCCUPATION

(14) NAME BEFORE MARRIAGE Mrs. Capeland

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 25 (Years)

(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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 3:30 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. Capeland

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

Given name added from a supplemental report

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

(27) Filed June 20, 1932 (28) Norton Elmore 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.