

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE N

22 050029

only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4207 Registered No. 40
(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)

NAME OF CHILD Mary James

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

4. Twin or Triplet - 5. Number in order of birth

6. Are Parents Married? y/n

7. DATE OF BIRTH
Name 4 1922
(Name of Month (Day) (Year))

To be answered only in event of Twins or Triplets

FATHER

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY 21
(Years)

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother {
now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature W.D. Hopy

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Name added from a supplemental report

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26.

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

27. Filed July 13 1931

28. S.G. Sarratt
Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return.
If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.