

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

19765

Registered No. (For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Peter Smith

(9) PRESENT POSTOFFICE OF FATHER

Vance, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

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

1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Mike

(15) PRESENT POSTOFFICE OF MOTHER

Vance, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(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 30, 1977

(28)

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.