

File No. — For State Registrar Only

5370

Survey of Viral Pathogenesis

State Board of Health

State Board of Health

Registration District No. 4109 Registered No. 8

(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.)

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

(7) DATE OF BIRTH Feb 2, 1923

PATRICK

MOTHER

Aline Singleton

Horatio 46

(17) AGE AT LAST BIRTHDAY..... 23 (Years)

Sumter Co.

Farm. labourer

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(28) (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 22 is signed by mark)

(ST) Filed Feb 11 1973 (20) 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 stillborns before the fifth month of pregnancy.