

(1) PLACE OF BIRTH

County of San Diego.....

Township of St. John's

OF

Inc. Town of

City of

12 Lethal occurs in a hospital &

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22

File No.—For State Registrar Only

17700

Registered No. 20
(For use of Local Registrar)

St. Ward

(2) Full Name of Child William Henry

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

3. BOY CR
GIRL

4) Twin or Triplet?

5) Number in order of birth

(5) Are Parents Married?

7) DATE OF BIRTH June 16, 22
(Name of Month) (Day) (Year)

FATHER

☐ FULL NAME

9 PRESENT
POSTOFFICE
OF FATHER

10) COLOR
CR
RAME

BIRTHPLACE

13. OCCUPATION

20 Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(18) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
new 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 _____ M.,
on the date above stated. (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 supplement-
al report

(28) Witness

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

(27) Filed

(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.