

(1) PLACE OF BIRTH

County of McConnick
 Township of Bordaux
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 4500

File No. - For State Registrar Only

8402

Registered No. 25
 (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 Benny Price
 (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Age at Birth 4 (7) DATE OF BIRTH Feb 15 22
 (State of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Grady Price</u>	(14) NAME BEFORE MARRIAGE <u>Etta Mitchell</u>	(15) PRESENT POSTOFFICE OF FATHER <u>McConnick</u>	(15) PRESENT POSTOFFICE OF MOTHER _____
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Maggie Chammie
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife _____

Given name: substituted from tail report
 (26) (Signature of Witness necessary only when question 25 is signed by party) M. A. Smith
 (27) M. A. Smith (28) B. A. Smith
 (29) M. A. Smith (30) B. A. Smith

When there was no attending physician or midwife, then the father, grandfather, etc., should make this report. If a child breathing even once, it must not be reported as stillborn. No report is desired of stillborns before the 1st of March of pregnancy.