

## (1) PLACE OF BIRTH

County of ChesterfieldTownship of St. Louisor  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45841

Registration District No. 101Registered No. 21

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child .....

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

(3) BOY OR GIRL?

(4) Twin or Triplet? No(5) Number in order of birth 10(6) Are Parents Married? No(7) DATE OF BIRTH Jan 10

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME in known

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Edgworth(15) PRESENT POSTOFFICE OF MOTHER Magdalen St(16) COLOR OR RACE black(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE St. Louis(19) OCCUPATION Household(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Magdalen St

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Jan 10

191

(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.

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