

## (1) PLACE OF BIRTH

County of SaludaTownship of 2

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

19031

Registration District No. 3.P.1. Registered No. 64  
(For use of Local Registrar)(2) Full Name of Child John R. B. B. B. If child is not yet named, make supplemental report as directed

2. BOY OR GIRL	3. Twin or Triplet	4. Number in order of birth	5. Are Parents Married	6. DATE OF BIRTH
	To be answered only in case of Twin or Triplet			(Month of Month) (Day) (Year)
FATHER			MOTHER	
7. FULL NAME			10. NAME BEFORE MARRIAGE	
8. PRESENT POSTOFFICE OF FATHER			11. PRESENT POSTOFFICE OF MOTHER	
12. COLOR OR RACE			13. AGE AT LAST BIRTHDAY	
14. BIRTHPLACE			15. BIRTHPLACE	
16. OCCUPATION			17. OCCUPATION	
18. Number of children born to mother, including present birth			19. Number of children of this mother now living, including present birth	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) 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.)

(21) (Signature) ..... (22) State whether Physician or Midwife ..... (23) Address of Physician or Midwife .....

Given name added from a supplemental report

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

(25) Filed July 9 1923 (26) S. J. S. Couch 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.