

(1) PLACE OF BIRTH

County of A.C.

Township of

or
Inc. Town ofCity of Spokane

(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

Registration District No. 40-a

File No. - For State Registrar Only

36378Registered No. 483

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Month Sept Day 22 Year 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Born ... Sept 22 ... 1922 ... P.M. on the date above stated. (Born alive or stillborn) (How A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

Jessie E. Evans

19 Registrar

(25) Witness

Jessie E. Evans
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

1-22-22

(28)

Jac. C. ...

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report to be made of stillbirth before the fifth month of pregnancy.