

FOR USE OF
WHITE PLAINS. WITH UN-ADJUSTED FEE—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McGraw-Hill of Columbia

(1) PLACE OF BIRTH

County of Thurges

Township of Chilman

Inc. Town of Chilman

City of Chilman

(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

42844

Registration District No. 2011 Registered No. 115

(For use of Local Registrar)

(2) Full Name of Child Mary Law If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL?

(4) Twin
or triplet?

(5) Number in
order of birth

(6) Are
Parents
Married? Y

(7) DATE OF
BIRTH Dec 6
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

Mary Law

(9) PRESENT
POSTOFFICE
OF FATHER

Thurges SC
Chilman

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Thurges Co. S.C.

(13) OCCUPATION

Law Mill Hand

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

One

MOTHER

(14) NAME BEFORE
MARRIAGE

Mary Jordan

(15) PRESENT
POSTOFFICE
OF MOTHER

Thurges SC RFD #3

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

16
(Years)

(18) BIRTHPLACE

Thurges Co. S.C.

(19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 am
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Law
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(26) Witness

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

(27) Filed

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(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.