

## (1) PLACE OF BIRTH

County of SeayTownship of 11or  
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

31183

Registration District No. 3109 Registered No. 100

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Marion Derrick

(9) PRESENT POSTOFFICE OF FATHER

Gilbert S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Lex Co

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lila Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Gilbert S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Lex Co

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101....

Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Oct 9, 1912(28) Mrs. C. E. Taylor

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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