

PLACE OF BIRTH

County of Richmond
 Municipality of Central
 or Town of Calhoun
 or City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE Number _____

29201-a

Registered No. _____

(For use of Local Registrar)

St. _____

Ward _____

...Ward)

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

(If child is not yet named, make supplemental report)

2. Full Name of Child

Gladys Virginia H. R.

DATE OF BIRTH

JAN 23

(Name of Month) (Day) (Year)

SEX

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

To be answered only in event of Twins or Triplets

FULL NAME

W. C. H. H. H.

PRESENT POSTOFFICE OF FATHER

Calhoun SC

COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

Born 2/5/17

BIRTHPLACE

Rock Hill SC

OCCUPATION

Vocational Training

14. NAME BEFORE MARRIAGE

MOTHER

Mary Freda H. H.

15. PRESENT POSTOFFICE OF MOTHER

Rock Hill SC

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

Born 2/5/17

18. BIRTHPLACE

Brooklyn, N.Y.

19. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ 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 on a supplemental report

26. Witness

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

27. Filed

19

28

Local Registrar

*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 is desired of stillbirths before the fifth month.