

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

City of

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

Bellevue

(2) Full Name of Child

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 2008

File No. For State Registrar Only
66312Registered No. 5-63-
(For use of Local Registrar)

St. Ward

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

(7) DATE BIRTH June 3 6

(Name of Month) (Day) (Year)

(8) Are Parent Married? yes

(9) DATE BIRTH June 3 6

(Name of Month) (Day) (Year)

(10) NAME BEFORE MARRIAGE Belle Wood

(11) PRESENT POSTOFFICE OF MOTHER Clifton S.C.

(12) COLOR OR RACE W

(13) AGE AT LAST BIRTHDAY 25

(Years)

(14) BIRTHPLACE N. C.

(15) OCCUPATION H W

(16) Number of children of this mother now living, including present birth 2

(17) Number of children born to mother, including present birth 2

(18) FATHER's FULL NAME Roland Mace

(19) PRESENT POSTOFFICE OF FATHER Clifton S.C.

(20) COLOR OR RACE W

(21) AGE AT LAST BIRTHDAY 27

(Years)

(22) BIRTHPLACE S.C.

(23) OCCUPATION Mechanist

(24) Number of children born to mother, including present birth 2

(25) Number of children born to mother, including present birth 2

(26) Number of children born to mother, including present birth 2

(27) Number of children born to mother, including present birth 2

(28) Number of children born to mother, including present birth 2

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(42) Number of children born to mother, including present birth 2

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(46) Number of children born to mother, including present birth 2

(47) Number of children born to mother, 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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date June 10 1945

(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.

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