

(1) PLACE OF BIRTH

County of St. Lawrence
 Township of Beach
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

22534

Registration District No. 40.6Registered No. 89
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) SEX OR SEX	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Boy			yes	July 4, 23
To be answered only in event of Twin or Triplet				
FATHER.			MOTHER.	
(8) FULL NAME	(10) NAME BEFORE MARRIAGE	Geneva Brown		
Perry Camp	(16) PRESENT POSTOFFICE OF MOTHER	Juman St		
(9) PRESENT POSTOFFICE OF FATHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY		
Juman St	White	19		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY		
White	27	19		
(12) BIRTHPLACE	(16) BIRTHPLACE	(17) AGE AT LAST BIRTHDAY		
Optg Co. St.	Greenville, Co, St.	19		
(13) OCCUPATION	(16) OCCUPATION	(17) AGE AT LAST BIRTHDAY		
Lot on Mill Cr.	Housewife	19		
(18) Number of children born to mother, including present birth	(19) Number of children of this mother now living, including present birth	(17) AGE AT LAST BIRTHDAY		
1	2	19		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 7 am,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement
report

(24) Witness

(Signature of Witness not necessary
when question 23 is signed by mother)

(25) Filed

(26)

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.