

Form No. 1

(1) PLACE OF BIRTH

County of EXINGTON

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

21701

Registration District No. 3112 Registered No. 16
(For use of Local Registrar)(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 Emily Elizabeth Neese If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME (14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year) (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Year)

(12) BIRTHPLACE (18) BIRTHPLACE

(13) OCCUPATION (19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness (27) (Signature of Witness necessary only when question 23 is signed by midwife) (28) (Signature of Registrar) (29) (Signature of Registrar)

Given name added from a supplemental report

19 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.