

Form No. 8

(1) PLACE OF BIRTH

County of DillonTownship of Cannibalor
Inc. Town of _____or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1601

FILE NO. For State Registrar Only

17395

Registered No. _____

(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 _____

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

(1) BOY OR GIRL? girl

(4) Twin or Triplet? _____

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 5, 1925
(Name of Month) (Day) (Year)(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER(10) COLOR OR RACE W.C.(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE N.C.(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Elaine Cole(15) PRESENT POSTOFFICE OF MOTHER same as father(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION same as father(21) 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 1:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

Give name added from a supplemental report

(26) Witness _____

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

(27) Filed 7-21925W. H. Campbell
Local Registrar19____
RegistrarWhen 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.