

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10087

City of _____
County of _____
Town of _____
or _____

Registration District No. 603A

Registered No. 22
(For use of Local Registrar)

(No. _____ Ward)
(Hospital or other institution, give name of same instead of street and number.)

Full Name of Child John James

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

1 Sex of Child Male
2 Age at Birth 3
3 Number in order of birth 3
To be answered only in event of Twins or Triplets

(4) Are Parents Married? Yes

(5) DATE OF BIRTH April 24, 1922
(Name, Month, Day, Year)

FATHER

(1) NAME John James

(2) PRESENT POSTOFFICE _____
(3) ADDRESS _____

(4) COLOR White
(5) AGE AT LAST BIRTHDAY 3
(6) BIRTHPLACE _____

(7) OCCUPATION _____

MOTHER

(14) NAME BEFORE MARRIAGE Rodalia Cunningham

(15) PRESENT POSTOFFICE OF MOTHER _____

(16) COLOR White
(17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE _____

(19) OCCUPATION _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Arthur J. B. B. B.
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife _____

When name added from a supplemental report

(26) Witness J. Keyserling
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 2, 1922. (28) Man. Taylor 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.