

(1) PLACE OF BIRTH

County

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

34054

Township of

or

Inc. Town of

or

City of

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(No. 92 King St)

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

3) SEX OF CHILD

4) Type or Trace

5) Number in order of birth

6) Sex of Mother

7) DATE

BIRTH

FATHER

MOTHER

8) FULL NAME

9) NAME BEFORE MARRIAGE

10) PRESENT RESIDENCE OF FATHER

11) PRESENT RESIDENCE OF MOTHER

12) COLOR OF HAIR

13) AGE AT LAST BIRTHDAY

14) COLOR OF HAIR

15) AGE AT LAST BIRTHDAY

16) BIRTHPLACE

17) BIRTHPLACE

18) 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 born on the date above stated.

(23) (Signature)

(24) State as Doctor 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 is signed by mark)

(27) Filed

11/8 1923

(28)

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 4

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.