

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registration

56004

Registration District No. 12-3 Registered No. 13

(For use of Local Registrar)

## (2) Full Name of Child.....

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? -

(5) Number in order of birth -

Is designated only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

4, 24, 6

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Z. I. Bacon

(14) NAME BEFORE MARRIAGE

Georgia Stewart

(9) PRESENT POSTOFFICE OF FATHER

Greer S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Domestic

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

51

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

58

(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Dentist

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

{ ..... 7

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

{ ..... 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) 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) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Greer S.C.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 5/13/16

(28) J. H. White

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.

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

MCCAW, of Columbia

MCCAW