

Form No. 1

(1) PLACE OF BIRTH

County of

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

3907

Registration District No. 1509

Registered No. 16
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Camille Ross

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

1. Sex

2. Age

3. Birth

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

8. NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. BIRTHPLACE

12. OCCUPATION

13. Number of children born to mother, including present birth

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. BIRTHPLACE

18. OCCUPATION

19. Number of children of this mother now living, including present birth

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