

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No. For State Registrar Only

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City of Union
 Township of Pinkney
 or Town of Cockhatch
 or of _____

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4207Registered No. 40

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

FULL NAME OF CHILD Mary Lamar

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

1. SEX
 2. RACE

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month (Day) (Year))

FATHER

MOTHER

FULL NAME First Lamar14. NAME BEFORE MARRIAGE Mary's Belle ColemanPRESENT POSTOFFICE OF FATHER Union15. PRESENT POSTOFFICE OF MOTHER UnionCOLOR White11. AGE AT LAST BIRTHDAY 25 (Years)16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE S.C.18. BIRTHPLACE S.C.OCCUPATION Mill Worker19. OCCUPATION DomesticNumber of children born to mother, including present birth { 221. 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 _____ P. M. on the date above stated. (Hour A.M. or P. M.)

23. Signature W.D. Hoyer

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Physician Cockhatch S.C.

Name added from a supplemental report

192

Registrar

26.

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

27. Filed

July 13 1931

28.

Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.