

## (1) PLACE OF BIRTH

County of Orange  
 Township of Orange  
 of  
 Inc. Town of .....  
 or  
 City of Orange

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4712

Registration District No. 3572Registered No. 4  
(For use of Local Registrar)(2) Full Name of Child Candace Auther

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered fully in event of Twin or Triplet <u>4</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1-21-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Melvin Auther</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Chord</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Screen</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Screen</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(12) BIRTHPLACE <u>Greenville</u>		(18) BIRTHPLACE <u>Screen</u>		
(13) OCCUPATION <u>Public worker</u>		(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M.,  
 on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. S. Sharp

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Screen

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 19(28) 19

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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Be in mind that in case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1

Model of Columns, Columns 2, 3