

County of San Carlos  
Township of Chino  
or  
Inc. Town of.....  
or  
City of .....

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

1714

Registration District No. 2801.. Registered No. 1.....  
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin  
on Tefel?

(5) Number in order of birth

(8) Are Parents Married?

(7) DATE OF

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

DATE OF BIRTH Jan 3, 1972  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(11) AGE AT LAST BIRTHDAY.....35.....  
(Years)

(12) BIRTHPLACE *Lancaster, Pa*

(13) OCCUPATION *Farmer*

**MOTHER.**

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(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 alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(20) Witness

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

(27) File

Jan 10 1922 (28) W. H. Daffin Local Registrar.

\*\*\*\*\* 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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