

County of Lapeer
Township of Chippewhatch
or
Inc. Town of Chippewhatch
or
City of

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

1990

(No. St.; Ward)
(Institution give name of same instead of street and number.)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets.	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>11/21/1977</i> (Name of Month) (Day) (Year)
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was James Alan at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leah X. Sullivan

(24) State whether Physician or Midwife (25) Address of Physic or Midwife
Midwife Bolshing S

Given name added from a supplemental report

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

APR 12 1922 (28) S. J. Atkinson Local Registrar

When there was no attending physician, the wife, mother, father, householder, etc., should make this return. If a child breathes even once it must be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.