

(1) PLACE OF BIRTH

County of Barnstable
 Township of Barnstable
 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

10052

Registration District No. 573Registered No. 29
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(2) Full Name of Child Maude May McPhigian If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH April 28 22
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8. FULL NAME Wm McPhigian
 9. PRESENT POSTOFFICE OF FATHER Wilton de R #1
 10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (Years)
 12. BIRTHPLACE SC
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Rosa Lee Carmichael
 15. PRESENT POSTOFFICE OF MOTHER Wilton de R #1
 16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (Years)
 18. BIRTHPLACE SC
 19. OCCUPATION Wife of Farmer
 20. Number of children born to mother, including present birth 1
 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Brown
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Wilton de R

Given name added from a supplemental report

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

(27) Filed 5-6-22 (28) Dr. J. H. Brown Local Registrar.

19 _____ 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.