

(1) PLACE OF BIRTH

County of

Township of

Inc. Town

City of

CERTIFICATE OF BIRTH

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

No. 10—For State Registrar Only

38441

Registered No.

(For use of Local Registrar)

No. 1 (No. of Street and Number) Ward

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

(2) Full Name of Child

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

(3) SEX

Male

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Dec. 19, 23
(Month) (Day) (Year)

FATHER

(8) FULL NAME

Sam Finley

(9) PRESENT POSTOFFICE OF FATHER

Piedmont S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lena Pallerd

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was...
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) SIGNATURE

D.C.P. 15, 23 J. J. Fleming

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.

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Secure the birth record as pregnancy.