

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) BOY
or
GIRL

Boy

(4) Twin
or Triplet?

No

(5) Number in
order of birth

1

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

4

3

6

(Name of Month) (Day) (Year)

(8) FULL
NAME

Chester Lacy

(9) PRESENT
POSTOFFICE
OF FATHER

Clauswitz

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Flournoy Co

(13) OCCUPATION

Farmer

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

8

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplementary
report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mother)

(27) Filed

(28)

(29) 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.

McGraw-Hill, Inc. In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and number the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

File No. - For State Registrar Only

55860

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or

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