

## 1. PLACE OF BIRTH

County of

Township of

or

City of

City of

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38. 2

(No. 1302 Smelter St.)

FILE No.—For State Registrar Only

55551-A 7.

Registered No.

(For use of Local Registrar)

## 2. FULL NAME OF CHILD

Sex

Plural birth

4. Twin, triplet, or other

5. Premature

7. Legiti-

8. Date of birth

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

Full name

12. Residence (usual place of abode)

13. Date (month and year) last engaged in this work

14. Color or race

15. Birthplace (city or place)

16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

17. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

18. Date (month and year) last engaged in this work

19. Total time (years) spent in this work

20. Total time (years) spent in this work

21. Total time (years) spent in this work

22. Total time (years) spent in this work

23. Total time (years) spent in this work

24. Total time (years) spent in this work

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32. Total time (years) spent in this work

33. Total time (years) spent in this work

34. Total time (years) spent in this work

35. Total time (years) spent in this work

36. Total time (years) spent in this work

37. Total time (years) spent in this work

38. Total time (years) spent in this work

39. Total time (years) spent in this work

40. Total time (years) spent in this work

## CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alma at 29 m on the date above stated.(Born alive stillborn)

(Signed)

M. M. Rice

-M. D.

or

Address

2019 Golden St.

Midwife

Filed

19

Registrar

Registrar

Give name added from

a supplemental report

(Date of)