

THE FLESH

STATE OF SOUTH CAROLINA

NAME OF YOUR ORIGINATOR

STATE DEPT. of Health

Plan No. — For State Highway Use

3210

County of Franklin
 Township of Franklin
 1st
 2nd Town of Franklin
 3rd
 4th of Franklin

Registration District No. 40.

Registered No.
For use of Local Registrar

Use of Local Resources

(No. **213** ...)

(2) Full Name of Child. Shirley

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

31 NOV 79
(101)

49 ~~Two~~
of ~~them~~

29. ~~REDACTED~~
~~REDACTED~~

AND
PROFESSOR

DATE _____


 BIRTHDAY

PATENT

10 FULL

TO PRESENT
POSTOFFICE
OF FATHER

COLORED
FACE

12 2) WITH PLACE

Discussion

200 NUMBER OF CHILDREN BORN TO
MOTHERS HAVING BEEN MARRIED

(14) **WIFE BEFORE MARRIAGE**

(10) PRESENT
POSTOFFICE
OF MOTHER

(10) COLD
ON
RACE

~~(S) CONFIDENTIAL~~

jig occupation

(29) Number of persons of this nation
now living, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE *Edith J. [illegible]*

(18) PRESENT POSTOFFICE OF MOTHER *7 Lored St.*

(10) COLOR OR RACE *Cafre* AGE AT LAST BIRTHDAY *21*
(11) *1966* (Year)

100-443886-100

11b. OCCUPATION _____

(27) **MEMBER OF PERSONNEL OF THIS MATTER**
AND NAME, INCLUDING PRESENT NAME

NAME OF ATTENDING PHYSICIAN OR MIDWIFE

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

(b) (7)(C), (b) (7)(D)

(S) (U) (M) (F) (C) (D) (E) (G) (H) (I) (J) (K) (L) (N) (O) (P) (Q) (R) (S) (T) (V) (W) (X) (Y) (Z)

20 Address of Physician or Midwife

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

216-23 P. H. GARDNER