

## (1) PLACE OF BIRTH

County of KershawTownship of DeKalb

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14570

Registration District No. 2701 Registered No. 46  
(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 Baby Read If child is not yet named, make supplemental report as directed(3) SEX OR GENDER girl (4) Twin or Triplet ☒ (5) Number in order of birth ☒ (6) Are Parents Married Yes (7) DATE OF BIRTH 3 10 73  
(Month of Month) (Day) (Year)

## FATHER

(8) FULL NAME Willie Read(9) PRESENT POSTOFFICE OF FATHER Canaan R 5044(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22  
(Year)(12) BIRTHPLACE Kershaw Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

## MOTHER

(15) NAME BEFORE MARRIAGE Rosa Mills(16) PRESENT POSTOFFICE OF MOTHER Canaan R 4(17) AGE AT LAST BIRTHDAY 20  
(Year)(18) COLOR OR RACE Col(19) BIRTHPLACE Kershaw Co(20) OCCUPATION Farming & Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Canaan S.C.

Given name added from a supplemental report

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

(27) Filed May 18 1973 (28) H. Jones 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.

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