

County of Alameda
Township of Franklin
or
Inc. Town of.....
or
City of

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

File No. — For State Registrar Only
3485

Registration District No. 2 Registered No. 1000
(For use of Local Registrar)

City of _____ (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 Harvey Walter Compton If child is not yet named, make supplemental report as directed

1. DATE OF BIRTH	4. DATE OF TRIPLET	3. NUMBER IN ORDER OF BIRTH	5. ARE PRESENT MARRIED	6. DATE OF BIRTH
To be answered only in event of Twins or Triplets			(Name of Mother) (Day) (Year)	
FATHER			MOTHER	
2. FULL NAME	10. PRESENT POSTOFFICE OF FATHER		11. NAME BEFORE MARRIAGE	12. PRESENT POSTOFFICE OF MOTHER
13. COLOR OR RACE		14. AGE AT LAST BIRTHDAY	15. COLOR OR RACE	16. AGE AT LAST BIRTHDAY
17. BIRTHPLACE		18. OCCUPATION	19. BIRTHPLACE	
20. OCCUPATION		21. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, John Paul M., 1944 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

12. Student of Physician or Midwife

(Given name added from a supplemental report)

(25) **Witness**

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

(37) Filed

(24)..... 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.