

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Sex of Child

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER

MOTHER

PRESENT POSTOFFICE OF MOTHER

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

(19) OCCUPATION

(20) 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 alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. L. R. Patrick(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pacolet, S.C.

Given name of child from a supplemental report

2/14/44

L. A. Riser, M.D.

Registrar

(26) Witness

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

(27) Date June 10 1946

(28) M. W. B. 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66274

Registration District No. 4,006

Registered No.

(For use of Local Registrar)

(N. A. R. S. L.; Ward)

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

Full Name of Child

Sex of Child

Twin or Triplet?

Number in order of birth

Are Parents Married?

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2/14/44

L. A. Riser, M.D.

Registrar

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

(Date) June 10 1946

(Local Registrar)

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