

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(2) Full Name of Child

(3) BOY OR
GIRL?

(8) FULL
NAME

(4) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

66284

Registered No.

(For use of Local Registrar)

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

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) 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
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

Registrar

(26) Witness

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

(27) Date

(28)

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.