

Form No. 2

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

(2) Full Name of Child

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2000

No. 1a.—For State Register

40220

Registered No. ....  
(For use of Local Registrar)

3) BOY OR GIRL

4) Type of figure

5) Number in order of birth

6) Sex

7) Birth date

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) BIRTHPLACE

12) OCCUPATION

13) Number of children born to mother, including present birth

## MOTHER

14) FULL NAME

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) BIRTHPLACE

18) OCCUPATION

19) Number of children of this mother now living

## 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 supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

(28) Date

Registrar

When there was no attending physician or midwife, then the father, mother, or other person who first discovered the child, must report the birth. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.