

PLACE OF BIRTH

City of

Ship of

or

Town of

or

If

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

Full Name of Child

MOTHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87549

Registration District No.

Registered No.

(For use of Local Registrar)

St.; ..... Ward)

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

MOTHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

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