

## (1) PLACE OF BIRTH

County of AndersonTownship of ...Inc. Town of ...City of ...

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. ...

File No.—for State Registrar Only

2774

Registered No. 24  
(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL

(2) Twin or Triplet

To be answered only in case of Twin or Triplet

(3) Number in order of birth

(4) Are Parents Married

(5) DATE OF BIRTH

(Place of Month) (Day) (Year)

## FATHER.

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) AGE AT LAST BIRTHDAY

(Years)

(10) BIRTHPLACE

(11) OCCUPATION

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

## MOTHER.

(13) NAME BEFORE MARRIAGE

(14) PRESENT POSTOFFICE OF MOTHER

(15) COLOR OR RACE

(16) AGE AT LAST BIRTHDAY

(Years)

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

3-9-

(26)

(27)

Local Registrar

When there was no child, the mother, the father, the household, etc., should make this return. If a child breathing once, it should be reported as stillborn. No report is desired of stillbirths.