

Form No. 8
(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

41423

County of San Diego

Township of Nashua

OF _____

Mr. Town of -----
OF

City of -----
 and birth occurs in a hospital or other

Registration District No. 2043 Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child Thomas Jackson (b) DATE OF 11-2-3

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of Birth	(6) Present Marital Status	(7) BIRTH DATE (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets	5	Married	

FATHER

(10) FULL NAME Imronie Pucharcha (14) NAME BEFORE MARRIAGE Mary
(15) PRESENT ADDRESS OF 127

(9) PRESENT POSTOFFICE 10 POSTOFFICE OF MOTHER 10 AT LAST 34

AGE AT LAST 25

(10) COLOR OR WHITE BIRTHDAY 01-01-44 (Years) RACE W PLACE OF BIRTH NEW YORK

RACE *W* (b) BIRTHPLACE *W*

17) BIRTHPLACE _____

13) OCCUPATION 0

(21) Number of children born to _____
now living, including present birth _____

mother, including present birth of attending physician or midwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I attended the birth of this child, who was _____
(Born alive or stillborn) (Hour A. M. or P.)

(22) I hereby certify that I attended the _____ on the date above stated. _____
(Signature) _____ Address of Physician or MO _____

(23) State whether Physician or Midwife

midwife

name added from a supplemental

(Signature of witness) _____
when question 23 is signed by mark

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19.....
Register

When there was no attending physician or midwife, then the father, householder, etc., should make a report as stillborn. No report is desired of stillbirths before the

If a child breathes even once, it must not be reported as a stillbirth until the third month of pregnancy.
