

WHEN PLAIN. WITH UNFADING INK—THIS IS A CERTIFICATE OF BIRTH, and when the N. H. 2nd case of TWINS OR TRIPLETS use a separate form for EACH CHILD, and mark the SPINCHES, No. 1 THIS CHILD, No. 2, etc. in question 6.

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(1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 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 Health

File No.—For State Registrar Only  
 19459

Registration District No. .... Registered No. 72  
 (For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) Day Year

FATHER.

8. FULL NAME  
 9. PRESENT POSTOFFICE OF FATHER  
 10. COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
 12. BIRTHPLACE  
 13. OCCUPATION  
 14. Number of children born to mother, including present birth

MOTHER.

14. NAME BEFORE MARRIAGE  
 15. PRESENT POSTOFFICE OF MOTHER  
 16. COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)  
 18. BIRTHPLACE  
 19. OCCUPATION  
 20. 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) Near A. M. or P. M.)

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

Given name added from a supplemental report  
 18. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 27. Filed 6-29-47 (28) Local Registrar

If 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.