

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 A. B.—is case of stillbirth, use a separate blank form for each child, and mark the
 child's sex in column 1, and the child's No. in question 5.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

Registration District No. 21 A

File No.—For State Registrar Only

11158

Registered No. 25
(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

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 10 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 alive at 2 A. M., on the date above stated. (Hour 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

(26) Witness

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

(27) Filed

Mar 19 22

(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.