

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

10186

Registration District No.

801

Registered No.

30

(For use of Local Registrar)

(No.)

St.

Ward)

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

(2) Full Name of Child

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

3) SEX-OR
GIRL4) Twin
or Triplet?5) Number in
order of birth6) Are
Parent(s)
Married?

7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OF
RACE11) AGE AT LAST
BIRTHDAY24
(Years)

12) BIRTHPLACE

13) OCCUPATION

14) Number of children born to
mother, including present birth

MOTHER.

14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE17) 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 Born alive at 9:45 P.M.,
on the date above stated. (Born alive or stillborn) (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 supplement-
tal report

(26) Witness

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

(27) Filed

APR 27 1922

(28)

J. H. Mung

Local Registrar

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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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