

PLACE OF BIRTH

South

Carolina State Board of Health

18179

BUREAU OF VITAL STATISTICS

County

Township

Town

City

Registration District No.

File No.

Registered No.

St.

Ward

## CERTIFICATE OF BIRTH

FULL NAME OF CHILD

Boy  
GirlTwin, triplet,  
or other?Number in order  
of birth  
(To be answered only in event of plural births)Parents  
married?Date of  
birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

EDUCATIONAL  
ATTAINMENTSFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

EDUCATIONAL  
ATTAINMENTS

Number of children born to this mother, including present birth

Number of children of this mother now living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born alive or Stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or Midwife)

Given name added from a supplemental report

Address

Filed

REGISTRAR