

(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.)

2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

29471

Registration District No. 3410... Registered No. 67  
(For use of Local Registrar)

St.: ..... Ward)

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 &amp;

(6) Are Parents Married?

(7) DATE OF BIRTH  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY  
(Years)

12) BIRTHPLACE

13) OCCUPATION

## 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

21) I hereby certify that I attended the birth of this child, who was born at (hour A. M. or P. M.) on the date above stated.

(22) (Signature)

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

When name added from a supplemental report

(25) Witness

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

(27) Filed Oct 9, 1923. (28) W. D. ... Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If reported as stillborn, No report is desired of stillbirths before the fifth month of pregnancy.

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