

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of *Spth*

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-
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
POSTOFFICE
OF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(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 at 12:30 A.M.
on the date above stated. (Born alive or fullborn) (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)

(13) Registrar

(27) Filed

2-1-19

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(28)

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(29)

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22

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.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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2436

Registration District No. 40-2 Registered No. 21

(For use of Local Registrar)

(No 117 1/2 E. Main St.; Ward)

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