

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No. — For State Registrar Only

County of

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

17364

Township of

Registration District No.

Registered No. 1504  
(For use of Local Registrar)

Inc. Town of

City of

(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  
GIRL

4 Twin or Triplet

5 Number in order of birth

6 Are Parents Married

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

## FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

11 AGE AT LAST BIRTHDAY  
(Year)

12 BIRTHPLACE

13 OCCUPATION

14 Number of children born to mother, including present birth

## MOTHER.

14 NAME BEFORE MARRIAGE

15 PRESENT POSTOFFICE OF MOTHER

16 COLOR OR RACE

17 AGE AT LAST BIRTHDAY  
(Year)

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  
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed July 16 1923 (27) 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.