

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

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

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

(Name of Month) (Day) (Year)

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) 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

(18) BIRTHPLACE

(19) OCCUPATION

(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  
on the date above stated.

(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

(28)

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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91532

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward

If child is not yet named, make  
supplemental report as directedN. B.—In case of TWINS or TRIPLETS, use a SUPPLEMENTAL BLANK for each child, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.