

(1) PLACE OF BIRTH

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

No. 10.—For State Registrar Only
389

County of

Township of

or
Inc. Town of

or
(City of

Registration District No. **2-15**

Registered No. **47**
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

If child is not yet named, make
supplemental report as directed

(2) Full Name of Child

(1) BOY OR
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

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST
BIRTHDAY (Years)

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(15) BIRTHPLACE

(16) OCCUPATION

MOTHER.

(17) AGE AT LAST
BIRTHDAY (Years)

(20) Number of children born to
mother, 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.

at **11** A.M.,
Born alive or stillborn (Hour, M or P M)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physi- or Midwife

(When name added from a supplement-
ary report)

(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)

When there was no birth
If a child was born

Witness (Signature of Witness necessary only
when question 22 is signed by mark)