

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26160

Registration District No. 22A Registered No. 390

(For use of Local Registrar)

(2) Full Name of Child

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

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER. Full Name

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

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 at on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101....

Registrar

(26) Witness

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

(27) Filed Aug. 19, 1912 (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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED OR REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE STATE BOARD OF HEALTH.