

(1) PLACE OF BIRTH

County of RichmondTownship of Richmond

or Town of

or

(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

22568

Registration District No. 4100 Registered No. 72

(For use of Local Registrar)

(No. Ward)

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

2) Full Name of Child

(1) SEX GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
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FATHER

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
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(18) BIRTHPLACE	(19) OCCUPATION	(20) Number of children born to mother, including present birth
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(21) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	(22) I hereby certify that I attended the birth of this child, who was born at
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(23) (Signature)	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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(26) Witness	(27) Registrar
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