

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

(City of

## CERTIFICATE OF BIRTH

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

No. 35- For State Registrar

3953

Registration District No.

Registered No. 57  
(For use of Local Registrar)

## (2) Full Name of Child

a. BOY OR GIRL

b. Date of Birth

c. Number in order of birth

d. Sex

e. DATE OF BIRTH

(Month) (Day) (Year)

MOTHER'S

f. FATHER'S FULL NAME

g. COLOR OR RACE

h. AGE AT LAST BIRTHDAY

i. COLOR OR RACE

j. BIRTHPLACE

k. OCCUPATION

l. OCCUPATION

m. 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 (Born alive or stillborn) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added upon a supplemental report

(26) Witness

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

(27) Date

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born upon such a report, it shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.