

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
(City of)

(No. St. Ward)
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
19819

Registration District No. 3.06 Registered No. 4.0
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL?	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Age Parents Married?	7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME	(11) AGE AT LAST BIRTHDAY (Years)		14) NAME BEFORE MARRIAGE	
9) PRESENT POSTOFFICE OF FATHER			15) PRESENT POSTOFFICE OF MOTHER	
10) COLOR OR RACE			16) COLOR OR RACE	
12) BIRTHPLACE			16) BIRTHPLACE	
13) OCCUPATION			18) OCCUPATION	
20) Number of children born to mother, including present birth			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 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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 22 is signed by mark)

(27) Filed July 16 1925 (28) J. T. [Signature]
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.