

(1) PLACE OF BIRTH

County of 1st

Township of

OR

Inc. 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

32566

Registration District No. 2.0.4 Registered No. 7.2

(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 event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

8) FULL NAME	14) NAME BEFORE MARRIAGE
9) PRESENT POSTOFFICE OF FATHER	15) PRESENT POSTOFFICE OF MOTHER
10) COLOR OR RACE	16) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY... (Years)	(17) AGE AT LAST BIRTHDAY... (Years)
12) BIRTHPLACE	18) BIRTHPLACE
13) OCCUPATION	19) 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 nt..... 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 supplemental report

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

(27) Filed 19 (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.

19 Registrar | (27) Filed 19 (28) Local Registrar.

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ALL INFORMATION ON THIS FORM IS A PERMANENT RECORD.
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

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