(1) PLACE OF BIRTH

County of Richland

Township of [illegible]

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
15671

Registration District No. [illegible] Registered No. 133
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child [illegible]

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth —	(6) Are Parents Married?	(7) DATE OF BIRTH ..... 19.. (Name of Month) (Day) (Year)
[illegible]	To be answered only in event of Twins or Triplets		No	

FATHER.		MOTHER.	
(8) FULL NAME	[illegible]	(14) NAME BEFORE MARRIAGE	[illegible]
(9) PRESENT POSTOFFICE OF FATHER	[illegible]	(15) PRESENT POSTOFFICE OF MOTHER	[illegible]
(10) COLOR OR RACE	[illegible] (11) AGE AT LAST BIRTHDAY ..... (Years)	(16) COLOR OR RACE	[illegible] (17) AGE AT LAST BIRTHDAY ..... (Years)
(12) BIRTHPLACE	[illegible]	(18) BIRTHPLACE	[illegible]
(13) OCCUPATION	[illegible]	(19) OCCUPATION	[illegible]
(20) Number of children born to mother, including present birth	[illegible]	(21) Number of children of this mother now living, including present birth	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

.....

..... 19....
Registrar

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

(27) Filed 3/2 19 3 (28) [illegible]
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.

Bureau of Columbia, Columbia, S. C.