

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
In Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only

8607

Registration District No. 1313 Registered No. 13  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

1 SEX OF CHILD  
2 TWIN or TRIPLE?  
3 NUMBER in order of birth  
4 Are Parents Married?  
5 DATE OF BIRTH  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

6 FULL NAME  
7 PRESENT POSTOFFICE OF FATHER  
8 COLOR or RACE  
9 BIRTHPLACE  
10 OCCUPATION  
11 AGE AT LAST BIRTHDAY (Year)  
12 NUMBER of children born to mother, including present birth  
13 NAME BEFORE MARRIAGE  
14 PRESENT POSTOFFICE OF MOTHER  
15 COLOR or RACE  
16 BIRTHPLACE  
17 AGE AT LAST BIRTHDAY (Year)  
18 OCCUPATION  
19 NUMBER of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(22) (Signature)  
(24) State whether Physician or Midwife  
(26) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 4 19 13 (29) C. White 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.