

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(2) Full Name of Child

☐ Male
☐ Female

☐ Twin
 or Triplet?

☐ (5) Number in
 order of birth

☐ (6) Are
 Parents
 Married?

☐ (7) DATE OF
 BIRTH

(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME

(2) PRESENT POSTOFFICE

(3) COLOR OR RACE

(4) MARITAL ST.

(5) OCCUPATION

(6) Number of children born to

(7) Number of children present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a.m. (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from supplemental report?

(26) Name

(Signature of witness necessary only when question 26 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 breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

10268

9 A

Registered No.

556

For use of Local Registrar

St. (City) Ward

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

(No. of Birth) (Name of Hospital or other Institution give name of same instead of street and number.)

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