

WRITE PLAINLY. WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD  
—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See mark the  
FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8

(1) PLACE OF BIRTH

County of .....

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

Registration District No. 3073

File No.—For State Registrar Only

29479

Registered No. 17  
(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 Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Year)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Year)	
(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 ..... at ..... 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 8/12/19 (28) Local Registrar

\*When there was no attending physician or midwife, the birth must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.