

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 350

File No.—For State Registrar Only

29515

Registered No. 176

(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

(3) BOY OR GIRL	(4) Sex of child	(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	(16) AGE AT LAST BIRTHDAY	(17) COLOR OR RACE	(18) AGE AT LAST BIRTHDAY	
	(Year)		(Year)	
(11) BIRTHPLACE	(19) OCCUPATION			
(12) 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 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 supplemental report

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

(27) Filed 8/10/11

(28) 11/10/11

19 Registrar

Attending physician or midwife then

19 Registrar

(27) Filed 1/10/12

(28) 1/10/12

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or accepted before the fifth month of age.