

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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. 463

Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR
CHILD(4) Twin
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Twin
Married

(7) DATE OF

BIRTH 12-12-1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
RESIDENCE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
RESIDENCE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(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 Alive at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marie H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

20 23

(28)

Local Registrar

When the child is born at a hospital or other institution, the father, household, etc., should make this return.
If the child is born at home, it should be reported as stillborn. No report is desired of stillbirths
within the first month of pregnancy.