

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

(City

(2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

DATE OF

BIRTH

(Name) (Month) (Day) (Year)

MOTHER

(7) FULL NAME

(8) PRESENT POSTOFFICE OF FATHER

(9) COLOR OR RACE

(10) BIRTHPLACE

(11) OCCUPATION

(12) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was on the date above stated.

(24) (Signature)

(25) State whether

Physician or Midwife

(26) Address of Physician or Midwife

(27) (Given name added from a supplemental report)

(28) Witness

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

(29) Filed

Oct 1 1923

(30) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
29410

Registration District No. 34-A

Registered No. 127
(For use of Local Registrar)

St.; Ward)

(No. give name of same instead of street and number.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth