

## (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. 1106

File No. - For State Registrar Only

10497

Registered No. 39  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 8 M.  
on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)(23) (Signature) Bessie Robertson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife J. H. Chester #5

Given name added from a supplemental report

(26) Witness

(Signatures of Witness necessary only when question 23 is signed by mother)

(27) Filed 4-13-22

(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 fifth month of pregnancy.)