

(1) PLACE OF BIRTH

County of

Township of

City or 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

File No.—For State Registrar Only

37183

Registration District No. 310

Registered No. 106

(For use of Local Registrar)

St.: Ward:

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

(2) Full Name of Child.

BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

FULL NAME

FATHER.

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(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\***

I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) Filed

(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.