

(1) PLACE OF BIRTH

County of San Diego

Township of ... 24 ...

Inc. <sup>or</sup> Town of .....

City of \_\_\_\_\_ or \_\_\_\_\_  
City of \_\_\_\_\_ or \_\_\_\_\_

(If birth occurs in a hospital or

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA.**

Bureau of Vital Statistics

**State Board of Health**

Registration District No. 45-1 Registered No. 298

(For use of Local Registrar)

(2) Full Name of Child.....*Harold Zerkow*.....

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents

(7) DATE OF BIRTH

(Name of Month) (Day), 191- (Year)

**FATHER.**

(B) FULL  
NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Sk. M. at 2:00 P. 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 a supplemental report**

(26) Witness .....  
(Signature of Witness necessary only)

(7) Filed 4/19/94 (28) 101.6 111  
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.