

## (1) PLACE OF BIRTH

County of Christy  
 Township of W. 1  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

17240

Registration District No. 1306Registered No. 60  
(For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

1. BOY OR GIRL?	4. Twin or Triplet?	5. Number in order of birth	6. Sex	7. DATE OF BIRTH
	To be covered only in event of Twin or Triplet			(Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME			14. NAME BEFORE MARRIAGE	
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER	
10. COLOR OR RACE	11. AGE AT LAST BIRTHDAY	16. COLOR OR RACE	17. AGE AT LAST BIRTHDAY	
	(Year)		(Year)	
12. BIRTHPLACE		18. BIRTHPLACE		
13. OCCUPATION		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 ..... at ..... 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 when question 23 is signed by mark)

19  
Registrar

(27) Filed 7/25/12

(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.

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