

(1) PLACE OF BIRTH

County of York
 Township of Path
 or
 Inc. Town of _____
 or
 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

9502

Registration District No. 4408Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child

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 Married?

(7) DATE OF BIRTH

(8) FULL NAME

FATHER

MOTHER

(10) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(11) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OF RACE

(11) AGE AT LAST BIRTHDAY

(12) COLOR OF RACE

(13) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(14) BIRTHPLACE

(13) OCCUPATION

(15) 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 2 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 when question 22 is signed by State Registrar)

(27) Registrar

(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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.