

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. 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

84441

Registration District No.

Registered No.

(For use of Local Registrar)

(No. ....)

St.;

Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

Is to be reported only in case of twins or triplets

(5) Number in order of birth

(6) Age Parents Married?

(7) DATE

BIRTH

(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 OF RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OF RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(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 alive at 9 P. M. on the date above stated. (Bein 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)

(27) Filed

11/30

1916

(28)

Local Registrar

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths within fifth month of pregnancy.