

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar's Use

39901

Registration District No. 16-A

Registered No. 64  
(For use of Local Registrar)

(2) Full Name of Child

BOY OR GIRL

FULL NAME

PRESENT POST OFFICE OF FATHER

COLOR OF RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

(No. of children born to mother, including present birth)

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

DATE OF BIRTH

NAME OF MOTHER

NAME BEFORE MARRIAGE

PRESENT POST OFFICE OF MOTHER

COLOR OF RACE

BIRTHPLACE

OCCUPATION

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 (born alive or stillborn) (Date A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

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

(27) Date of Birth (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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