

(1) PLACE OF BIRTH LEAINGTON 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 Registration District No. 3107 Registered No. 13 (For use of Local Registrar)		File No.—For State Registrar Only 4892	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child Rachel Smith				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL Girl		(4) Twin or Triplet?		(5) Number in order of birth	
(6) Are Parents Married?		(7) DATE OF BIRTH		(8) (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(9) FULL NAME			(14) NAME BEFORE MARRIAGE		
(10) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER		
(11) COLOR OR RACE			(16) COLOR OR RACE		
(12) BIRTHPLACE			(17) AGE AT LAST BIRTHDAY		
(13) OCCUPATION			(18) BIRTHPLACE		
(19) OCCUPATION			(20) AGE AT LAST BIRTHDAY		
(21) Number of children born to mother, including present birth			(22) Number of children of this mother now living, including present birth		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was, at 9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) Rachel Smith					
(25) State whether Physician or Midwife					
(26) Address of Physician or Midwife					
Given name added from a supplemental report					
(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(28) Filed 19 22 (29) 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.					

Registrar

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