

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19340

County of

Township of

12. Town of.....

.....

Registration District No. 2008 Registered No. 28

(For use of Local Registrar)

(No. St.; Ward)

2) Full Name of Child

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

7 COPY OF
FIELD

4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

BIRTH June 25, 1925
(Name of Month) (Day) (Year)

FATHER

MOTHER

6 FULL
NAME

(14) NAME BEFORE MARRIAGE

2) PRESENT
POSTOFFICE
OF FATHER

(15) PRESENT
POSTOFFICE
OF MOTHER

10 COLOR
OR
FACE

(11) AGE AT LAST BIRTHDAY

(15) COLOR OR RACE

AGE AT LAST BIRTHDAY..

12. CINT-PLACE

(18) BIRTHPLACE

12. OCCUPATION

19 OCCUPATION

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 10:45 M.
on the date above stated. Not 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

(28) ²⁸Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

7-1-19

(39)

Wally

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.