

CERTIFICATE OF BIRTH

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

File No. For State Registration Only
48381

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(2) Full Name of Child

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of child in family)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed July 10, 1916

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, in a child's case, even when it cannot be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.

BEFORE SIGNING, WRITE UNFOLDING LIFE—THIS IS A PERMANENT RECORD. 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.