

(1) PLACE OF BIRTH

County of

Township of

or

Loc. 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

25044

1095

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 20 Percy St.)

St.; Ward)

Full Name of Child

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

SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(to be answered only in case of Twins or Triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was at on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar

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.

Filed 8/9

1922

J. M. Gibson, Registrar

Registrar