

(1) PLACE OF BIRTH

COUNTY OF

Township of

In Town of

City of

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

(2) Full Name of Child

OR

(4) Twin or triplet?

to be answered only in case of Twin or triplet's

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OF SKIN

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(3) PRESENT POSTOFFICE OF FATHER

(8) COLOR OF SKIN

(11) AGE AT LAST BIRTHDAY (Years)

(13) BIRTHPLACE

(10) OCCUPATION

(9) 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 born at (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2287

Registration District No. 3706 Registered No. 4

(For use of Local Registrar)

St.; (Ward)

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

FIRST-BORN; No. 1, THIS OTHER, No. 2, etc., in question 9.

State of Columbia