

Form No. 8

(1) PLACE OF BIRTH

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. 1802

Registered No. 18

(For use of Local Registrar.)

FILE NO. For State Registrar Only

20811

(2) Full Name of Child

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 8, 1923

(Name of Month) (Day) (Year)

FATHER

(8) NAME OF FATHER

(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

(15) FATHER'S SIGNATURE

MOTHER

(16) NAME OF MOTHER

(17) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(19) AGE AT LAST BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

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

(23) MOTHER'S SIGNATURE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(25) (Signature) of Physician or Midwife

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

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

(29) Filed

(30) 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.