

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

5763

Registration District No.

Registered No.

For use of Local Registrar

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

2) Full Name of Child

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

3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

7) DATE OF BIRTH

Month Day Year

FATHER

MOTHER

(8) FULL NAME BEFORE MARRIAGE

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

Years

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

Years

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

(21) Number of children of his 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 on the date above stated.

(23) (Signature)

(24) Signature of 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 22 is signed by name)

(27) Signed

August 13

(28) Signed

Local Registrar

When there was no attending physician or midwife, 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 third month of pregnancy.