

(1) PLACE OF BIRTH

County of New Han
 Township of Liberty
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 41139 for State Registrar Only

Registration District No. 41139

Registered No. 200
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William

(3) SEX OR GIRL
 (4) Twin or Triplet
 (5) Number in order of birth
 (6) Are Parents Married
 (7) DATE OF BIRTH

FATHER. MOTHER.
 (8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE
 (13) OCCUPATION
 (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 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 A. H. M. at 2:00 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report
 (26) Witness
 (27) Filed
 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN, No. 1. TIME OTHER, No. 2, etc. In question 2
 RECORD OF COLUMBIA, COLUMBIA, S. C.