

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or

City of

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

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38045

76

Registration District No. 4401 Registered No. (For use of Local Registrar)

(No. of children born to mother living, including present birth)

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

(2) Full Name of Child

1) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

2) FULL NAME

3) PRESENT HOME ADDRESS

4) BIRTHPLACE

5) OCCUPATION

6) Number of children born to mother living, including present birth

(8) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) 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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

1923

(28)

Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If no report is desired of stillbirths before the fifth month of pregnancy, no report is desired of stillbirths before the fifth month of pregnancy.