

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34692

Registration District

Registered No.

(For use of Local Registrar)

(No. 5)

(Ward)

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

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

(3) 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)

FATHER

(8) FULL NAME

(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) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

(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

See off. 17-17-43 191

L. H. Riser, M.D. Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Date

(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.

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Registrar Only

34692

Registrar

(Ward)

ber.)

named, make

as directed

6-2-2

p) (Year)

Haley

see

2-8

(Year)

1-30

M.D.

A.M. or P.M.

or Midwife

see

see

see

see

see

see

see

see

see

see

see

see