

## (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.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23900

Registration District No.

Registered No. 69  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

3 ~~BOY~~  
GIRL?4) Twin  
or Triplet?5) Number in  
order of birth6) Are  
Parents  
Married?

7) DATE OF

BIRTH

June 18 22  
(Same of Month) (Day) (Year)

## FATHER.

8) FULL  
NAME9) PRESENT  
POSTOFFICE  
OF FATHER10) COLOR  
OR  
RACE11) AGE AT LAST  
BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

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

## MOTHER.

14) NAME BEFORE  
MARRIAGE15) PRESENT  
POSTOFFICE  
OF MOTHER16) COLOR  
OR  
RACE17) AGE AT LAST  
BIRTHDAY

18) BIRTHPLACE

19) 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 ..... at ..... A.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 supplement-  
al report

(26) Witness

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

(27) Filed

(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.

before the fifth month of pregnancy.