

(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.)

Full Name of Child

Full Name of Child

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# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23931

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of Ward)

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

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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)

FULL NAME

PRESENT PLACE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name aided from a supplemental report

(26) Witness

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

(27) File

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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