

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only

Township of

Bureau of Vital Statistics
State Board of Health

29187

1311

or
Inc. Town of

Registration District No.

9A

Registered No.

(For use of Local Registrar)

City of

(If birth occurs in a hospital)

(No. 104 Nassau St. St. Ward)

other institution, give name of same instead of street and number.)

2) Full Name of Child

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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
POSTOFFICE
OF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(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
on the date above stated.

(Born live or stillborn) (Hour of Day) (M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed

1911

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.

Registrar

Filed 9/11

19 22

J.M. Green M.D.

Corrected NOV 9

FIRST-BORN, No. 3, THE OTHER, No. 2, etc., in question 5.