

(1) PLACE OF BIRTH

County of Laurens
Township of 8
Inc. Town of 11
City of 11

CERTIFICATE OF BIRTH

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

Registration District No. 1907

No. for State Registrar Only

2743

Registered No. 12
(For use of Local Registrar)

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

(2) Full Name of Child 27

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

3. BOY OR GIRL Girl

4. Twin or Triplet

5. Number in order of birth

To be answered only in case of Twin or Triplet

6. Age of child

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

(Years)

12. BIRTHPLACE

13. OCCUPATION

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

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

(Years)

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 born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(When name added from a supplemental report)

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

3/1/23

Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as born. No report is desired of stillbirths.

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