

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

27470

Registration District No. 9 A

Registered No. (For use of Local Registrar)

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

(2) Full Name of Child

1. BOY OR GIRL

2. Twin or Triplet?

3. Number in order of birth

4. Are Parents Married?

5. DATE OF BIRTH

6. FULL NAME

FATHER

MOTHER

7. PRESENT POSTOFFICE OF FATHER

8. NAME BEFORE MARRIAGE

9. COLOR OR RACE

10. AGE AT LAST BIRTHDAY

11. COLOR OR RACE

12. AGE AT LAST BIRTHDAY

13. BIRTHPLACE

14. BIRTHPLACE

15. OCCUPATION

16. OCCUPATION

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

18. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

9/17 1923 J. M. Mearns, Jr. 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.