

MARGIN RESERVED FOR BONDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 6.
 MEDIAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

Registration District No. 374

File No.—For State Registrar Only

19420

Registered No. 44
(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 OR GIRL	4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married	7. DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME	(14) NAME BEFORE MARRIAGE			
9. PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER			
10. COLOR OR RACE	(16) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY		
	(Years)	(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 at 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 supplemental 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.