

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25049

Registration District No.

Registered No. 1102
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

If child is not yet named, make
supplemental report as directed3. BOY OR
GIRL?4. Twin
or Triplet?5. Number in
order of birth6. Are
Parents
Married?7. DATE OF
BIRTH

(Name) (Month) (Day) (Year)

FATHER.

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE

11. BIRTHPLACE

12. OCCUPATION

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

MOTHER.

14. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE

17. BIRTHPLACE

18. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal 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.

Filed 8/9

1922

Registrar