

(1) PLACE OF BIRTH

County of

Township of

or Town of

or City of

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

(2) Full Name of Child

(3) Sex—
GIRL?

(4) Twin

To be marked only in case of twins or triplets

(5) Number in
order of birth(6) Are
Parents
Married(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

(14) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of the mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
al report

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Registrar

(25) Witness

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

(26) Date

(27)

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.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar

44568

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of house or lot, St., etc.)

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