

(1) PLACE OF BIRTH

County of

Township of

or

Inc. 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

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

(3) BOY
GIRL(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twin or Triplet

(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

MOTHER.

(15) NAME BEFORE
MARRIAGE(16) PRESENT
POSTOFFICE
OF MOTHER(17) COLOR
OR
RACE(18) AGE AT LAST
BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) 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
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

191

(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.*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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42846

Registration District No. 2011

Registered No. 117

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY
GIRL(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twin or Triplet

(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

MOTHER.

(15) NAME BEFORE
MARRIAGE(16) PRESENT
POSTOFFICE
OF MOTHER(17) COLOR
OR
RACE(18) AGE AT LAST
BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) 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
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

191

(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.*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.