

## (1) PLACE OF BIRTH

County of

Township of

or 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

3880

Registration District No. 2014

Registered No. 7  
(For use of Local Registrar)

(No. of Ward)

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 OR GIRL

4. Twin or Triplet

5. Number in order of birth  
To be answered only in event of Twin or Triplet

6. Age Parents Married

7. DATE OF BIRTH

Feb 19 23  
(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. BIRTHPLACE

12. OCCUPATION

(11) AGE AT LAST BIRTHDAY

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. BIRTHPLACE

18. OCCUPATION

## MOTHER

(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.

(Born alive or stillborn)

at 4:00 P.M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name address of a supplement-  
ing report

(26) Witness

(27) Signature of Witness necessary only  
when question 22 is signed by mark

When there was no birth of a child, this certificate must be signed by the physician or midwife