

## (1) PLACE OF BIRTH

County of YorkTownship of York

or

Inc. Town of YorkCity of York

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

File No.—For State Registrar Only

4092

Registration District No. 30-ARegistered No. 53

(For use of Local Registrar)

## (2) Full Name of Child

1. SEX OF CHILD  
Male

4. Twin or Triplet

3. Number in order of birth

5. Are Parents Married? Yes

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

2. FULL NAME

8. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

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

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

18. BIRTHPLACE

19. OCCUPATION

22. 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 born on the date above stated.

(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

28.6.12

(28)

C. C. Craft

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.