

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or

City of

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

(2) Full Name of Child

(3) BOY OR
GIRL?

FATHER.

(4) FULL
NAME(5) PRESENT
POSTOFFICE
OF FATHER(6) COLOR
OR
RACE

(7) BIRTHPLACE

(8) OCCUPATION

(9) Number of children born to
mother, including present birth

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41239

1880

Registration District No. 9A

Registered No.

(For use of Local Registrar)

St.; Ward)

If child is not yet named, make
supplemental report as directed(10) Twin
or Triplet?(11) Number in
order of birth(12) Are
Parents
Married?(13) DATE OF
BIRTH(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at (Hour A. M. or P. M.)
on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from
vital report

(24) Witness

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

(25) Filed

(26)

Local Registrar

*When there was no
a child breathes ever

Physician or midwife, then the father, householder, etc., should make this return. It
not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.

FILED ON