

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 6122

Registration District No. 9A

Registered No. 841  
(For use of Local Registrar)

## (2) Full Name of Child

Sex of Child

Date of Birth

Place of Birth

Age of Child

Date of Birth

Place of Birth

Age of Child

## FATHER.

(3) Full Name

(4) Present Postoffice of Father

(5) Color of Hair

(6) Age at Last Birthday

(7) Birthplace

(8) Occupation

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

## MOTHER.

(10) Full Name

(11) Present Postoffice of Mother

(12) Color of Hair

(13) Age at Last Birthday

(14) Birthplace

(15) Occupation

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(18) (Signature)

(19) State whether Physician or Midwife

(20) Address of Physician or Midwife

Given name and date of registration

(21) Witness

(22) Signature of Witness

(23) Date

(24) Place

(25) Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born, even late, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.