

(1) PLACE OF BIRTH

County of

Township of

City of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18584

Registration District No. 204 Registered No. 29

(For use of Local Registrar)

(No. St.; Ward)
If child is not yet named, make supplemental report as directed

2 Full Name of Child ...

(3) DATE OF BIRTH (Name of Month) (Day) (Year)

(4) Are Parents Married? (5) Number in order of birth (6) AGE AT LAST BIRTHDAY (Years)

FATHER. MOTHER.

(14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE (19) OCCUPATION

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

(21) Number of children born to ...

(22) Number of children born to ...

(23) Number of children born to ...

(24) Number of children born to ...

(25) Number of children born to ...

(26) Number of children born to ...

(27) Number of children born to ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) (30) State whether Physician or Midwife (31) Address of Physician or Midwife

(32) Given name added from a supplemental report

(33) (Signature) (34) State whether Physician or Midwife (35) Address of Physician or Midwife

(36) Witness (Signature of Witness necessary only when question 33 is signed by mark)

(37) Filed (38) Local Registrar

(39) 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.

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