

## (1) PLACE OF BIRTH

County of

Township of

or  
Inn. Town of

City of

(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

220

Registration District No. 303

Registered No. 5  
(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <input checked="" type="checkbox"/> Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH (Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME		(9) NAME BEFORE MARRIAGE		
(10) PRESENT POSTOFFICE OF FATHER		(11) PRESENT POSTOFFICE OF MOTHER		
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY (Years)	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY (Years)	
(16) BIRTHPLACE		(17) BIRTHPLACE		
(18) OCCUPATION		(19) OCCUPATION		
(20) Number of children born to mother, including present birth		(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 (Born Alive or stillborn) (Hour A. M. or P. M.)

(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)

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.

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