

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12349

Registration District No.

Registered No.

(For use of Local Registrar)

City of

(No.

St.

Ward)

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

2) Full Name of Child

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

Born born to

Including present birth

(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 (Mark A, M, or F, M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar

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

If 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.