

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2204

(For use by)

(2) Full Name of Child

(a) BOY OR GIRL

(b) Type or Year

(c) Number in order of birth

(d) Sex

(e) Date of birth

(a) FULL NAME

(b) PRESENT ADDRESS OF FATHER

(c) COLOR OR RACE

(d) BIRTHPLACE

(e) OCCUPATION

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

(a) FULL NAME

(b) PRESENT ADDRESS OF MOTHER

(c) COLOR OR RACE

(d) BIRTHPLACE

(e) OCCUPATION

(f) Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Given name added from a supplemental report

(26) Witness

(27) Signature of Witness

(28) Filed

(29) Date

(30) Registrar

When there was no attending physician or midwife then the father, householder, etc., should report the birth of the child to the health officer before the fifth month of pregnancy.

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