

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) BOY 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.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 at \_\_\_\_\_, at \_\_\_\_\_ M., on the date above stated. (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

\_\_\_\_\_, 191\_\_\_\_

Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed \_\_\_\_\_ 191\_\_\_\_ (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.

REGISTRARS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

Law. of Columbia

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62781

Registration District No. 107

Registered No. 38

(For use of Local Registrar)

St.; \_\_\_\_\_ Ward)

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

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

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

(18) BIRTHPLACE

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\_\_\_\_\_, 191\_\_\_\_

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