

(1) PLACE OF BIRTH

County of

Township of

or

Loc. 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

File No.—For State Registrar Only

24678

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

Registered No. 118  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) OR  
GIRL(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL  
NAME(14) NAME BEFORE  
MARRIAGE(9) PRESENT  
POSTOFFICE  
OF FATHER(15) PRESENT  
POSTOFFICE  
OF MOTHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) 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\*

(2) I hereby certify that I attended the birth of this child, who was, at 11:30 P.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 supplement  
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.