

(1) PLACE OF BIRTH

County of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4062

Township of

Inc. Town of

City of

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 25 W 5th St.)

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

Child is not yet named, make supplemental report as directed

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.

## MOTHER.

4) FULL NAME

(14) NAME BEFORE MARRIAGE

5) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

6) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

7) BIRTHPLACE

(18) BIRTHPLACE

8) OCCUPATION

(19) OCCUPATION

9) 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 at

(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 if question 23 is signed by mark)

(27) Filed

1.1923

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.