

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

30487-005

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 Registrar
 Ward
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directed
 4, 1915
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F.C.

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(Years)

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if

A.....M.,
(A. or P. M.)

or Midwife

Registrar

s return. If
efore the

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

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NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

Registration District No. 10 Registered No. 1063

(For use of Local Registrar)

St.: Ward:

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

(1) NAME OF CHILD (2) SEX (3) DATE OF BIRTH (4) NAME OF MOTHER

(5) NAME OF FATHER (6) NAME OF MOTHER (7) NAME OF MOTHER (8) NAME OF MOTHER

(9) NAME OF MOTHER (10) NAME OF MOTHER (11) NAME OF MOTHER (12) NAME OF MOTHER

(13) NAME OF MOTHER (14) NAME OF MOTHER (15) NAME OF MOTHER (16) NAME OF MOTHER

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(105) NAME OF MOTHER (106) NAME OF MOTHER (107) NAME OF MOTHER (108) NAME OF MOTHER

(109) NAME OF MOTHER (110) NAME OF MOTHER (111) NAME OF MOTHER (112) NAME OF MOTHER

FATHER.

MOTHER.

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OF HAIR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

NUMBER OF CHILDREN OF THIS MOTHER

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

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NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

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PRESENT POSTOFFICE OF MOTHER

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NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

NAME OF CHILD

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I, _____, do hereby certify that I attended the birth of this child, who was born alive or stillborn, on the _____ day of _____, 1915, at _____, _____, South Carolina.

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

If child added to a supplemental report

(26) Witness

Signature of Witness necessary only if child added to a supplemental report

(27) Filed

1915

(28)

Local Registrar

If child added to a supplemental report, the attending physician or midwife, then the father, householder, etc., should make this return. If child is reported as stillborn, no report is desired of stillbirths before the _____ day of _____, 1915.