

FORM NO. 2

(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 Parent Married?

(7) DATE OF BIRTH

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

(21) I hereby certify that I attended the birth of this child, who was

(22) State whether Physician or Midwife

(23) Signature

(24) Address of Physician or Midwife

(25) Witness

(26) Filed

(27) Local Registrar

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

74709

Registration District No. 400000

Registered No. 115

(For use of Local Registrar)

St. Ward

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

child is not yet named, make supplemental report as directed

FATHER

MOTHER

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

(21) I hereby certify that I attended the birth of this child, who was

(22) State whether Physician or Midwife

(23) Signature

(24) Address of Physician or Midwife

(25) Witness

(26) Filed

(27) Local Registrar

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Given name added from a supplemental report

(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.