

No. 9

PLACE OF BIRTH

City of

Township of

or

Town of

or

of

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

FULL NAME OF CHILD

BOY OR
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married?

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE11. AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth14. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE17. AGE AT LAST
BIRTHDAY

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7 a.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

192

Registrar

26. Witness

(Signature of Witness necessary only
when question 25 is signed by such)

27. Filed

19

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2702Registered No. 28

(For use of Local Registrar)

FILE No.—For State Registrar Only

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