

File No.—For State Registrar Only

**County of** .....

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

~~27487~~

**Township of** .....

OR

Inc. Town of .....

OF

City of Charleston

Registration District No. 9 A Registered No. ....

(For use of Local Registrar)

**(2) Full Name of Child**

ital or other institution, give name of same instead of street and number.)

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

(2) BOY OR GIRL?

(4) Twin or Triplet?

3) Number in  
order of birth

6) Are Parents

7) DATE OF BIRTH

BIRTH September 14 1923  
(Name) (Month) (Day) (Year)

**FATHER.**

(8) **FULL NAME**

(8) **PRESENT  
POSTOFFICE  
OF FATHER**

(10) COLOR OR RACE

(10) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY

(14) NAME BEFORE MARRIAGE

(18) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
ON  
FACE

(10) BIRTHPLACE

(19) OCCUPATION

(28) 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 alive at 5 M.,  
on the date above stated. (Born alive or stillborn? Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

28) Address of Physician or Midwife

(Given name added from a supplemental report)

**(26) Witnesses**

(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

19 2.3

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.