

(1) PLACE OF BIRTH

County of

Township of

Incl. Town of

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 Parents Married?

(7) DATE OF BIRTH

(8) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

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

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(24) Witness

(25) Signature of Witness necessary only when question 22 is signed by mark

(26) Filed

(27) Local Registrar

(28) When there was no attending physician or midwife, then the father, household, 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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8330

Registration District No. 3105 Registered No. 9

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(No. _____ St. _____ Ward _____)

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