

(1) PLACE OF BIRTH

County of

Township of

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) Sex
GIRL?

Boys

(4) Age at birth

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) Full Name

(9) Present Postoffice of Father

(10) Color or Race

(11) Age at last birthday

(12) Birthplace

(13) Occupation

(14) Name before marriage

(15) Present Postoffice of Mother

(16) Color or Race

(17) Age at last birthday

(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, on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

(26) Date

(27) Local Registrar

(28) When a physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(29) When a child is born even before, 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

File No.—For State Register Only

30799

Registration District No. 272A Registered No. 147

(For use of Local Registrar)

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

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

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

(26) Date

(27) Local Registrar

When a physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. When a child is born even before, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.