

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24682

Registration District No.

Registered No.  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

## (2) Full Name of Child

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

3. SEX OF  
GIRL?4. Twin  
or Triplet?5. Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH (Name of Month) (Day) (Year)

## FATHER.

8. FULL  
NAME9. PRESENT  
POSTOFFICE  
OF FATHER10. COLOR  
OR  
RACE11. AGE AT LAST  
BIRTHDAY (Years)

12. BIRTHPLACE

13. OCCUPATION

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

20. 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  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

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(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.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.