

**Price List.—For State Inspectors Only.**

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

3909

County of San Francisco

Township of .....

OF  
the Term of .....

OF

Registration District No. . . . 19

Registered No. 70

(For use of Local Registrar)

City of San Francisco

(No. 72-4541 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) BOY OR GIRL?

(4) Two or Three

(b) Number in  
order of birth

**(b) Are Parents**

**10) DATE OF**

BIRTH.....

# FATHER

(b) FULL NAME

PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
ON  
PAGE

(11) AGE AT LAST BIRTHDAY

15 ~~REDACTED~~

**10**

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

# MOTHER.

(14) NAME BEFORE MARRIAGE

(10) **PRESENT  
HISTORY  
OF**

(10) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

**06** **INTRO**

**10 OCCUPATION**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(28) I hereby certify that I attended the birth of this child, who was ..... at ..... A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

2012 11/11/2012

(Signature of Witness necessary only  
when question 28 is signed by mark)

(b)(7) - Exempt . . .

(S) . . .

**Local Meetings**

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.