

(1) PLACE OF BIRTH

County of FlourenceTownship of Lake

or

In Town of

or

(If of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40293

Registration District No. 2009Registered No. 108

(For use of Local Registrar)

(St. Ward)

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

(2) Full Name of Child

BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 18 23

(Name of Month) (Day) (Year)

FULL NAME

FATHER

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

FATHER

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

FATHER

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

FATHER

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, 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 & stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

17/21/23

(28) Local Registrar

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 or stillbirths before the fifth month of pregnancy.