

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City 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

24518

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

(3) SEX  
Boy(4) Twin  
or Triplet?(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) PLACE  
OF BIRTH

(13) OCCUPATION

(14) PRESENT  
POSTOFFICE  
OF MOTHER(15) COLOR  
OR  
RACE(16) AGE AT LAST  
BIRTHDAY(17) PLACE  
OF BIRTH

(18) OCCUPATION

(19) Number of children born to  
mother, including present birth(20) 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 born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplement-  
tal report

(27) Witness

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

(28) Filed

Aug 31, 1913

(29)

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.