

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. for State Register only  
1800

Registration District No.

Registered No.

(For use of Local Registrar)

(No. ...)

Indy St. Saver Ward

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

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

(2) Full Name of Child

3) BOY OR 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 NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

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

(11) AGE AT LAST BIRTHDAY

(Years)

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

16) BIRTHPLACE

16) OCCUPATION

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

MOTHER.

## 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 Physic

(26) or Midwife

Given name added from a supplemental report

(28) Witness

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

(29)

Mar - 1 - 1923

(30)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths before the full month of pregnancy.