

(1) PLACE OF BIRTH

County of

Township of

Inc. Town

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

Board of Health

Registration District No.

File No.—For State Registrar Only

62780

Registered No.

(For use of Local Registrar)

(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

(8) Ward

FATHER.

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) AGE AT LAST BIRTHDAY

(13) BIRTHPLACE

(14) OCCUPATION

(15) Number of children born to mother, including present birth

MOTHER.

(16) NAME BEFORE MARRIAGE

(17) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(19) AGE AT LAST BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

(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.

TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law. of Columbia