

(1) PLACE OF BIRTH

County of

Township of

Inc. or Town of

City of

(If birth occurs in a hospital or other institution, give name of same in place 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

10265

Registered No. 550

(For use of Local Registrar)

St. Ward

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

(To be answered only in event of twins or triplets)

(6) Age at birth

(7) DATE OF BIRTH

(8) Name of Month (Day) (Year)

FATHER.

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) AGE AT LAST BIRTHDAY

(Years)

(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

(Years)

(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

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Registrar

(27) Witness

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

(28) Filed

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(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.

MAILED 03 OCT 1911

OCT 05 2011 2 MONTH