

CERTIFICATE OF BIRTH

County of _____

Township of

or

Inc. Town of

or

City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4106

File No. 92010 For State Registrar Only

Registered No. 142
(For use of Local Registrar)

City of (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Aniragati Sander If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) **Are
Parents
Married**

(7) DATE OF

BIRTH. Dec 27, 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(11) AGE AT LAST BIRTHDAY 21
(Years)

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 . . . alive . . . at 6 a . . . M.,
on the date above stated. (Born alive or stillborn) (If dead, state date and place of death)

(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)

... 19 ...
Registrar

(27) Filed

19/6

(28) 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.