

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

State of South Carolina
Bureau of Vital Statistics
State Board of Health

5203

County of ...

Township of ...

City or Town of ...

City of ...

Registration District No. ... Registered No. ...

(For use of Local Registrar)

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

(2) Full Name of Child ...

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

(3) Sex ... (4) Type of Birth ... (5) Number in order of birth ... (6) Date of Birth ... (7) Date of Birth ...

FATHER.

(8) Full Name ...

(9) Present Residence of Father ...

(10) Color or Race ... (11) Age at last birthday ...

(12) Birthplace ...

(13) Occupation ...

MOTHER.

(14) Name before marriage ...

(15) Present Residence of Mother ...

(16) Color or Race ... (17) Age at last birthday ...

(18) Birthplace ...

(19) Occupation ...

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

(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 ... (Born alive or stillborn) (How A. M. or P. M.) on the date above stated.

(23) (Signature) ...

(24) State whether Physician or Midwife ... (25) Address of Physician or Midwife ...

Given name above does not require a supplemental report

(26) Witness ... (Signature of Witness necessary only when question is to be signed by mark)

(27) Filed ...

When the attending physician or midwife, then the father, housewife, or other person, is not present, the birth must be reported as stillborn. In such cases, it must be reported as stillborn. In such cases, it must be reported as stillborn.