

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

State Board of Health

File No.—For State Registrar Only

35355

Registration District No. 1200

Registered No. 89

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OR  
GENDER

Boy

(4) Twin  
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married

yes

(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

Sept. 10, 1922

(8) FATHER.

(9) MOTHER.

(10) NAME BEFORE  
MARRIAGE

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

(11) PRESENT  
RESIDENCE  
OF FATHER

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

(12) COLOR  
OR  
RACE

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

(13) BIRTHPLACE

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

(14) OCCUPATION

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

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

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

FATHER.

MOTHER.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

(Date A. M. or P. M.)

(17) (Signature)

(18) State whether Physician or Midwife

(19) Address of Physician or Midwife

Given name added from a supplement  
report

(20) Witness

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

(21) Filed

(22) 19

(23) Registrar

(24) 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.