

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of
or

City of

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

(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) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
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, on the date above stated.

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness (27) Filed

Given name added from a supplemental report

(28) Witness (29) Filed

(30) Witness (31) Filed

(32) Witness (33) Filed

(34) Witness (35) Filed

(36) Witness (37) Filed

(38) Witness (39) Filed

(40) Witness (41) Filed

(42) Witness (43) Filed

(44) Witness (45) Filed

(46) Witness (47) Filed

(48) Witness (49) Filed

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 21-A

Registered No. 53

(For use of Local Registrar)

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

File No.—For State Registrar Only

64396

Ward

St.

City

County

State

Date

Time

Place

Name

Sex

Age

Color

Race

Birthplace

Occupation

Education

Religion

Marital Status

Parental Status

Siblings

Notes

Signature

Date

Place

City

County

State

Date

Time

Place

Name

Sex

Age

Color

Race

Birthplace

Occupation

Education

Religion

Marital Status

Parental Status

Siblings

Notes

Signature

Date