

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4102

Registered No. 5
(For use of Local Registrar)

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

Full Name of Child

If child is not yet named, supplemental report as to

(6) Type of Birth

(7) Number in order of birth

(8) Sex

(9) DATE OF BIRTH

(Name of Month) (Day)

FATHER

MOTHER

(10) NAME BEFORE MARRIAGE

(11) PRESENT RESIDENCE OF MOTHER

(12) COLOR OR RACE

(13) AGE AT LAST BIRTHDAY

(14) BIRTHPLACE

(15) OCCUPATION

(16) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

(Born alive or stillborn) (Hour A. M.)

(17) Signature

(18) Date whether Physician or Midwife

(19) Address of Physician or Midwife

Name added from a supplemental report

(20) Witness

(Signature of Witness necessary only when question 21 is signed by mother)

(21) Filed

(22)

19 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.