

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

40080

Township of

Registration District No. 1806

Registered No. 22

Inc. Town of

(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 Albert Cook

(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

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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 21 is signed by mark)

(27) Filled

(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.

MAKING SEPARATE REPORTS FOR TWINS OR TRIPLETS. IN CASE OF TWINS OR TRIPLETS, MAKE SEPARATE BLANKS FOR EACH CHILD, AND MARK IN FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 1.