

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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, *John Charles*

File No. For State Registrar Only

9918

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *207* Registered No. *28*

(For use of Local Registrar)

St.: Ward)

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

to be entered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OF RACE

(11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OF RACE

(17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(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 *alive* at *1* *P.* M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *John Charles*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

Registrar

(27) *John Charles*

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.

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.