

(1) PLACE OF BIRTH

County of
 Township of
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17214

Registration District No. 120.3 Registered No. 7.3
 (For use of Local Registrar)

(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

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

3) BOY OR GIRL	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	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 OR RACE	11) AGE AT LAST BIRTHDAY (Year)	16) COLOR OR RACE		
12) BIRTHPLACE		17) AGE AT LAST BIRTHDAY (Year)		
13) OCCUPATION			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 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 supplemen-
 tal report)

(26) Witness

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

(27) Filed Jan 7, 1923

(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.

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