

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Spartanburg

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

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

23803

Registration District No. 40-0 Registered No. 308.....  
(For use of Local Registrar)(No. 338 of 6 allies..... St.; 6..... Ward)

## (2) Full Name of Child

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

3) BOY OR  
GIRL4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH June 30 19 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL  
NAME9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth(11) AGE AT LAST  
BIRTHDAY 23  
(Year)(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

## MOTHER.

(17) AGE AT LAST  
BIRTHDAY 21  
(Year)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 8:00 P.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 supplement-  
tal report

(26) Witness

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

(27) Filed

8-1- 19 22

(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.\*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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