

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

(3) BOY OR

GIRL

(4) Twin
or Triplet?(5) Number in
order of birth

(To be answered 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(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) 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 born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

101

Registrar

(26) Witness

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

(27) Filed

May 31 1912

(28) Mrs. J. S. Parker

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.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13568

Registration District No.

300

Registered No.

63

(For use of Local Registrar)

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