

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

28593

Registration District No.

Registered No.

(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
GIRL4. Twin
or Triplet?5. Number in
order of birth6. Are
Parents
Married?7. DATE OF
BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE11. AGE AT LAST
BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

14. Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was
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 mother)

(27) Filed

(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.If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
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