

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No. 300Registered No. 151
(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

(a) BOY OR GIRL (b) Sex (c) Date of Birth (d) Name of Mother

(e) Full Name of Father (f) Present Postoffice of Father (g) Color of Father (h) Age at Last Birthday of Father (i) Birthplace of Father (j) Occupation of Father (k) Name of Mother (l) Present Postoffice of Mother (m) Color of Mother (n) Age at Last Birthday of Mother (o) Birthplace of Mother (p) Occupation of Mother (q) Number of children born to mother, including present birth (r) 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 alive or stillborn) (Sex: M. or F.) on the date above stated.

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Date Mar 19 1923 (28) Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this report. 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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