

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Sex

(3) Twin or triple?

(4) Number in order of birth

(5) Are Parents Married

(7) DATE OF BIRTH

MOTHER.

FATHER.

PRESENT POSTOFFICE OF FATHER

RACE

BIRTHPLACE

OCCUPATION

Number of children born

Number present birth

(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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Then a report shall be made from a supplemental report

(26) Witness

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

(27) Filed

4-10-23

(28)

Local Registrar

When a child is born, the attending physician or midwife, then the father, householder, etc., should make this return. If a child is born, 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 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

8705

Registration District No. 42-1

Registered No. 29

(For use of Local Registrar)

(No. 1)

(M. 1)

(Ward)