

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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 event of twins or triplets(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

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Registrar

(26) Witness

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

(27) Filed

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(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.

fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
91897

Registration District No. 4008

Registered No. 754

(For use of Local Registrar)

FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 8.

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