

(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.)

CERTIFICATE OF BIRTH

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

No. 10.—For Use Registered

3177

Registration District No. 9A Registered No. 258
(For use of Local Registrar)

(2) Full Name of Child

(1) SEX OF CHILD Male (2) Type of Birth To be covered only in case of Twin or Triplet (3) Number in order of birth (4) Are Parents Married (5) DATE OF BIRTH (Month of Month) (Day) (Year)

FATHER.

(6) FULL NAME Fred King
(7) PRESENT RESIDENCE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to mother, including present one

MOTHER.

(14) NAME DURING MARRIAGE
(15) PRESENT RESIDENCE OF MOTHER
(16) COLOR OR RACE
(17) AGE AT LAST BIRTHDAY
(18) BIRTHPLACE
(19) OCCUPATION
(20) Number of children of this mother now living, including present one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Give name of child and a suppression report

(25) Witness (Signature of Witness necessary only when question 22 is checked "A" mark) (26) When

When the child is born, the physician or midwife, then the father, householder, etc., should make this return. If the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.