

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. - For State Registrar Only

8468

County of Upstate Anderson

Township of

or
Inc. Town ofor
City ofRegistration District No. 40-2Registered No. 92
(For use of Local Registrar)(No. 216 Precinct 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 Elizabeth Ann

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF

BIRTH Feb 10 23
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(10) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(11) PRESENT POSTOFFICE OF MOTHER

(12) COLOR OR RACE

(13) AGE AT LAST BIRTHDAY

(Years)

(14) COLOR OR RACE

(15) AGE AT LAST BIRTHDAY

(Years)

(16) BIRTHPLACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) OCCUPATION

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

1 children

(21) Number of children of this mother now living, including present birth

1 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at M.,
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

(26) Give name added from a supplemental report

(27) Witness

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

(28) Filed

4-1-19

(29)

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.