

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

16246

Township of

or

Town of

or

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 44B

Registered No. 98

(For use of Local Registrar)

Full Name of Child

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

BOY OR GIRL

(14) Twin or triplet?

(15) Number in order of birth

(16) Are Parents Married?

(17) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME

(18) NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF FATHER

(19) PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

(20) AGE AT LAST BIRTHDAY

(Years)

(21) COLOR OR RACE

(22) AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

(23) BIRTHPLACE

OCCUPATION

(24) OCCUPATION

Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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.

(26) (Signature)

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

Name added from a supplemental report

(29) Witness

(Signature of Witness necessary only when question 29 is signed by mark)

(30) Filed

6/1/1923

(31)

J. R. Miller Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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