

(1) PLACE OF BIRTH

County of

Township of

In

City

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA.** Bureau of Vital Statistics State Board of Health

File No. For State Registrar Only

68419

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

or other institution, give name of same instead of street and number.)

St.; Ward)

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

2. Full Name of Child

(3) Sex of

(4) Age

To be answered only in case of Twins or Triplets

FATHER.

Full Name

Present Postoffice of Father

Color of Race

Birthplace

Occupation

Number of children born to mother including present birth

(5) Name

(6) Date of Birth

(Name of Month) (Day) (Year)

MOTHER.

Name before Marriage

Present Postoffice of Mother

Color or Race

Birthplace

Occupation

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 alive at 7 a M., (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

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question is signed by marks)

(27) Filed

June 10 1916

(28)

Local Registrar

If there was no attending physician or midwife, then the father, if a householder, etc., should make this return. If a return is made even once, it must not be reported as stillborn. A report is desired of stillbirths before the fifth month of pregnancy.

Given name of pregnancy.