

Rec Vol. 6 # 4812

## 1. PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District

Registered No.

(For use of Local Registrar)

(No.

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

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

To be answered only in event of Twins or Triplets

(Name of Month)

(Day)

(Year)

## FATHER

## MOTHER

8. FULL NAME

14. NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

15. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

(Years)

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

18. BIRTHPLACE

13. OCCUPATION

19. OCCUPATION

20. Number of children born to mother, including present birth

21. 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

(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 23 is signed by mother)

27. Filed

28. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. No report should be made before the fifth month of pregnancy.