

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6645

Registration District No. Registered No. 205

(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 directed3 BOY OR
GIRL?(4) Twin
or Triplet?5. Number in
order of birth6. Are
Parents
Married?

7. DATE OF

BIRTH (Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to
mother, including present birth(11) AGE AT LAST
BIRTHDAY (Years)(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE
(18) BIRTHPLACE

(19) OCCUPATION

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

MOTHER.

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 M. or P. M.)

(23) (Signature)

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

(27) Filed April 7 19

(28) 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.*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.MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN No. 1 THE OTHER, No. 2, etc. in question 5.

Bureau of Columbia, Columbia, S.C.