CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17423

(5) PLACE OF BIRTH
County of Richland
Township of Alden
or
Inc. 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. 1605 Registered No. 44
(For use of Local Registrar)

(No. St.; Ward)

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

(1) Full Name of Child

(2) Sex	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER	MOTHER
(3) 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)
(12) BIRTHPLACE	(16) COLOR OR RACE
(13) OCCUPATION	(17) AGE AT LAST BIRTHDAY (Years)
(20) Number of children born to mother, including present birth	(18) BIRTHPLACE
	(19) OCCUPATION
	(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 ..... at ..... 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

..... 19 ....
Registrar

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

(27) Filed July 6 1923 (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.

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