

# 1. PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19135

Registration District No. .... 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

Sex OR  
 Male

4. Twin  
 or Triplet?

5. Number in  
 order of birth

6. Are  
 Parents  
 Married?

7. DATE OF

BIRTH .....

Name of Child .....

FATHER.

MOTHER.

NAME

PRESENT  
 RESIDENCE

AGE

OR

DATE

RESIDENCE

11. AGE AT LAST  
 BIRTHDAY

14. NAME BEFORE  
 MARRIAGE

15. PRESENT  
 RESIDENCE  
 OF MOTHER

16. COLOR  
 OR  
 RACE

13. BIRTHPLACE

17. AGE AT LAST  
 BIRTHDAY

19. OCCUPATION

Number of children born to  
 mother at this present birth

20. 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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(21) (Signature) .....

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Other name added (Name in supplement-  
 tal report)

(24) Witness .....

(Signature of Witness necessary only  
 when question 20 is signed by mark)

18. ....

Magistrate

19. ....

June 30, 1922 (25) Mrs. J. H. Gandy  
 Local Registrar

This child was born on the 30th day of June, 1922, at the residence of the mother, Mrs. J. H. Gandy, in the City of Charleston, South Carolina. It was born alive and was reported as such. No report is desired of stillbirths  
 before the fifth month of pregnancy.