

1. PLACE OF BIRTH

County of .....

Township of .....

In Town of .....

City of .....

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22451-a

Registration District No. .... Registered No. 506

(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

OR

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

**FATHER.**

**MOTHER.**

NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

AGE AT LAST BIRTHDAY

OCCUPATION

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

18. OCCUPATION

21. 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 M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar

If attending physician or midwife, then the father, householder, etc., should make this return, and file it 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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