

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12-For State Register Only

28123

Registration District No. 1700

Registered No. 41
(For use of Local Registrar)

(2) Full Name of Child

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

(3) Sex Male

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at Birth 710

(7) DATE OF BIRTH Sept 8 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT RESIDENCE OF MOTHER

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 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 when question 22 is signed by Registrar)

(27) Date

(28) Place

(29) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.