

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

33405

County of

Township of

Inc. Town of

City of

Registration District No. 300

Registered No. 162
(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

3 SEX OR SEX	4 Twin or Triplet To be answered only in case of Twin or Triplet	5 Number in order of birth	6 Are Parents Married	7 DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 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)	16 COLOR OR RACE		
12 BIRTHPLACE		17 AGE AT LAST BIRTHDAY (Years)		
13 OCCUPATION			18 OCCUPATION	
20 Number of children born to mother, including present birth			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
on the date above stated. (Born alive or stillborn) (Month A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

(27) Filed

19

(28)

Local Registrar.

When there was no attending physician or midwife, then the father, household, 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, household, etc., should make this return.
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