

(1) PLACE OF BIRTH

County of ColumbiaTownship 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

File No.—For State Registrar Only

27659

Registration District No. 119 Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept 17 1903</u> (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 <u>25</u> (Year)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE		(18) BIRTHPLACE		
(13) OCCUPATION		(19) 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 born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour—After P. M.)

(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 only when question 23 is signed or marked)

(27) Filed 19

(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.