

**WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.**

**N. D.—**In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of \_\_\_\_\_

**Township of**

Inc. Town 9

City of

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**State Board of Health**

Registration District No. 101

File No. 123456789 For State Registrar Only

28

Registered No. 2.....  
(For use of Local Registrar)

St: ..... Ward)

..... NO. ....  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

**(6) Are Parents Married?**

(7) DATE OF BIRTH June 28, 1922

(8) **FULL  
NAME**

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OF JMWEE**

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(23) Signature \_\_\_\_\_

(24) State whether Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

(20) **Witness**

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

(b) (7) - Excluded

10 (28) *[Signature]* 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.