

(1) PLACE OF BIRTH

County

Township of

Inc. Corp. of

City

(2) Full Name of Child

(3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) Date of Birth

(8) Name of Mother

(9) Name before marriage

(10) Present Postoffice of Mother

(11) Color of Child

(12) Race of Child

(13) Birthplace

(14) Occupation

(15) Number of children born to mother

(16) Number of children now living

(17) Number of children now living

(18) Number of children now living

(19) Number of children now living

(20) Number of children now living

(21) Number of children now living

(22) Number of children now living

(23) Number of children now living

(24) Number of children now living

(25) Number of children now living

(26) Number of children now living

(27) Number of children now living

(28) Number of children now living

(29) Number of children now living

(30) Number of children now living

(31) Number of children now living

(32) Number of children now living

(33) Number of children now living

(34) Number of children now living

(35) Number of children now living

(36) Number of children now living

(37) Number of children now living

(38) Number of children now living

(39) Number of children now living

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10255

536

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at \_\_\_\_\_ (House, A. M. or P. M.) on the date above stated.

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

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

(25) Address of Physician or Midwife \_\_\_\_\_

(26) Given name added from a supplemental report \_\_\_\_\_

(27) Witness \_\_\_\_\_

(Signature of Witness necessary only when question 26 is signed by mark)

(28) Date \_\_\_\_\_

(29) Local Registrar \_\_\_\_\_

(30) Local Registrar \_\_\_\_\_

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once; it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

OF CHARLESTON

SOUTH CAROLINA