STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

CERTIFICATE OF LIVE BIRTH

139-15-027206
BIRTH NUMBER

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix): **LOTTIE FOSTER YARBOROUGH**
2. TIME OF BIRTH (24HR):
3. SEX: **Female**
4. DATE OF BIRTH (Mo/Day/Yr): **August 12, 1915**
5. FACILITY NAME (If not institution, give street and number):
6. CITY, TOWN, OR LOCATION OF BIRTH:
7. COUNTY OF BIRTH: **FAIRFIELD**

MOTHER

8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): **LOUISE**
8b. MOTHER'S DATE OF BIRTH (Mo/Day/Yr):
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix): **LOUISE SWYGERT**
8d. BIRTHPLACE (State, Territory, or Foreign Country): **South Carolina**
9a. RESIDENCE OF MOTHER- STATE
9b. COUNTY
9c. CITY, TOWN, OR LOCATION
9d. STREET AND NUMBER
9e. APT. NO.
9f. ZIP CODE
9g. INSIDE CITY LIMITS? ☐ Yes ☐ No

FATHER

10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): **JOEL FOSTER YARBOROUGH**
10b. DATE OF BIRTH (Mo, Day, Yr)
10c. BIRTHPLACE (State, Territory, or Foreign Country): **South Carolina**

CERTIFIER

11. CERTIFIER'S NAME
TITLE: ☐ MD ☐ DO ☐ HOSPITAL ADMIN. ☐ CNM/CM ☐ OTHER MIDWIFE
☐ OTHER (Specify)
12. DATE CERTIFIED: / / (MM DD YYYY)
13. DATE FILED BY REGISTRAR: **08 / 23 / 1915** (MM DD YYYY)

INFORMATION FOR ADMINISTRATIVE USE

MOTHER

14. MOTHER'S MAILING ADDRESS ☐ Same as residence, or: State: City, Town, or Location:
Street & Number: Apartment No.: Zip Code:
15. MOTHER MARRIED? (At birth, conception, or any time between) ☐ Yes ☐ No
IF NO, HAS PATERNITY ACKNOWLEDGMENT BEEN SIGNED IN THE HOSPITAL? ☐ Yes ☐ No
16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? ☐ Yes ☐ No
17. FACILITY ID. (NPI)
18. MOTHER'S SOCIAL SECURITY NUMBER
19. FATHER'S SOCIAL SECURITY NUMBER

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

MOTHER'S MEDICAL RECORD NO.

20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school complete at the time of delivery)
☐ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate(e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latina (Specify)

22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)

FATHER

23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school complete at the time of delivery)
☐ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate(e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

25. FATHER'S RACE (Check one more races to indicate what the father considers himself to be)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)

STATE OFFICE USE ONLY

26. PLACE WHERE BIRTH OCCURRED (Check one)
☐ Hospital
☐ Freestanding birthing center
☐ Home birth: Planned to deliver at home? ☐ Yes ☐ No
☐ Clinic/Doctor's office
☐ Other (Specify)

27. ATTENDANT'S NAME, TITLE, AND NPI
NAME
NPI
TITLE: ☐ MD ☐ DO ☐ CNM/CM ☐ OTHER MIDWIFE
☐ OTHER (Specify)

28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ☐ Yes ☐ No
IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:

DHEC 609
Rev.7/2003