

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

27113

Registration District No. 3203 Registered No. 36  
 (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 BOY OR GIRL? 4 Twin or Triplet? 5 Number in order of birth 6 Are Parents Married? 7 DATE OF BIRTH Mar 24, 22  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME  
 9 PRESENT POSTOFFICE OF FATHER  
 10 COLOR OR RACE (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 12 BIRTHPLACE  
 13 OCCUPATION

## MOTHER.

14 NAME BEFORE MARRIAGE Martha Ann  
 15 PRESENT POSTOFFICE OF MOTHER Union  
 16 COLOR OR RACE (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 18 BIRTHPLACE Union  
 19 OCCUPATION Farmer

20 Number of children born to mother, including present birth 1  
 21 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) G. B. ...  
 (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 by mark)

(27) Filed Sept 11, 10 (28) Remington 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.