

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

No. 31575

(1) PLACE OF BIRTH

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

Registration District No. 3000 Registered No. 102
 (For use of Local Registrar)

(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.

(2) Full Name of Child

1. Boy or Girl Boy 2. First Name Robert 3. Number in family 1 4. Sex Male 5. Date of Birth Nov 15 1923 6. Name of Month Nov 7. Day 15 8. Year 1923

FATHER

9. Full Name Robert Smith
 10. Present Address of Father 1234 Main St. Charleston
 11. Age at Last Birthday 35 (Year)
 12. Color or Race White
 13. Birthplace Charleston
 14. Occupation Teacher

MOTHER

15. Name of Mother John Smith
 16. Present Address of Mother 1234 Main St. Charleston
 17. Age at Last Birthday 30 (Year)
 18. Color or Race White
 19. Birthplace Charleston
 20. Occupation Teacher
 21. Number of children born to mother, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 10 of A.M.)
 on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1234 Main St. Charleston

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Witness John Smith (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.

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