

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25063

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 325 Brigade St. Brigade & Ward 10  
(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

SEX OR

CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(20) I hereby certify that I attended the birth of this child, who was ..... at ..... A. M.,  
(Barely or stillborn) (Hour, A. M. or P. M.)  
on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

19

25

Local Registrar.

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.