

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No. 2300

Registered No. 33
(For use of Local Registrar)

(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.....1944
(Name of Month) (Day) (Year)

FATHER.

MOTHER

• **FULL NAME**

(14) NAME BEFORE MARRIAGE

9) PRESENT
POSTOFFICE
OF FATHER

(15) **PRESENT
POSTOFFICE
OF MOTHER**

(10) COLOR
OR
RACE

(11) **AGE AT LAST BIRTHDAY**

(18) **COLORED OR RACE**

(17) AGE AT LAST BIRTHDAY...

(12) **BIRTHPLACE**

(18) **BIRTHPLACE**

13. OCCUPATIONS

(19) OCCUPATION

29. Number of children born to mother, including present birth

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

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 A. M. or P. M.)
on the date above stated.

(28) (Signature)

(28) (Signature) _____ Physician or Midwife
(24) State whether

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(20) Witness

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

(27) Filed

May 10, 1923

(25) *Local Registrar.*

.. 19 ...
 Registrat

*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.