

Form No.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801

File No. — For State Registrar Only

898

Registered No. ~~12345~~
(For use of Local Registrar)

(2) Full Name of Child

Earnest Lee

If child is not yet named, make supplemental report as directed.

(3) SEX OR

boy

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Age

Parent

Married

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

(10) COLOR

OR

(11) AGE AT LAST

BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to

mother, including present birth

MOTHER

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

(16) COLOR

OR

(17) AGE AT LAST

BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother

now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name under from is suggested

(not required)

(25) Signature

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

(26) Jan 24 1922

(27) Registrar

(28) Willie Farmer

Local Registrar

When there was no attending physician or midwife, 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 10th month of pregnancy.