

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Pickens  
 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

2290

Registration District No. 3706Registered No. 7  
(For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; ..... Ward)

(2) Full Name of Child Elizabeth Ward

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

3. BOY OR GIRL Girl

Twin or Triplet?

4. Number in order of birth

To be answered only in event of Twins or Triplets

5. Are Parents Married? Yes

6. DATE OF BIRTH

Jan 11, 22  
(Name of Month) (Day) (Year)

## FATHER.

7. FULL NAME

8. PRESENT POSTOFFICE OF FATHER

9. COLOR OR RACE

10. BIRTHPLACE

11. OCCUPATION

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

2

## MOTHER.

13. NAME BEFORE MARRIAGE

14. PRESENT POSTOFFICE OF MOTHER

15. COLOR OR RACE

16. BIRTHPLACE

17. OCCUPATION

18. 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 12308 on the date above stated. (Born alive or stillborn) (Home or P. H.)

(23) (Signature)

(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 nurse)

(27) Filed

(28) 19 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.