

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

File No.—For State Registrar Only

4016

Registration District No.

Registered No.

(For use of Local Registrar)

(No.)

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

2) Full Name of Child

SEX—OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

(to be entered only in event of Twin or Triplets)

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
OFFICE
ADDRESS(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to
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
(Born alive 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

When name added from a supplement-
al report

(24) Witness

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

(25) Filed

(26)

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.

before the fifth month of pregnancy.