

## (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.)

(2) Full Name of Child

File No.—For State Registrar Only

67630

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(8) (Month) (Day) (Year)

## FATHER.

(9) FULL  
NAME(10) PRESENT  
POSTOFFICE  
FATHER(11) COLOR  
OR  
RACE(12) AGE AT LAST  
BIRTHDAY

(Years)

(13) BIRTHPLACE

(14) OCCUPATION

(15) Number of children born to  
mother including present birth

## MOTHER.

(16) NAME BEFORE  
MARRIAGE(17) PRESENT  
POSTOFFICE  
OF MOTHER(18) COLOR  
OR  
RACE(19) AGE AT LAST  
BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

(25) State where Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplement-  
tal report

(28) Witness

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

on this July 17, 1916.

(29) 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.