

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

2 Fall Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3210

Registration District No.

Registered No. 20

(For use of Local Registrar)

Sl.; Ward;

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

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

3 SEX OR
GIRL4 Twin
or Triplet?5 Number in
order of Birth6 Are
Parents
Married?7 DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

8 NAME

9 BIRTH
PLACE10 AGE AT LAST
BIRTHDAY

11 BIRTHPLACE

12 OCCUPATION

13 Number of children born to
father including present birth

MOTHER

14 NAME BEFORE
MARRIAGE15 PRESENT
RESIDENCE
OF MOTHER16 COLOR
OR
RACE17 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
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

25 Give same address from a supplement-
tal report

(26) Witness

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

(27) Filed

5/16/1922

(28)

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.