

Form No. 8

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
or

(City of

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No.

FILE NO. For State Registrar Only

27631

Registered No. 115  
(For use of Local Registrar.)

(2) Full Name of Child

(1) BOY OR  
GIRL?

(4) Twin  
or Triplet?

(5) Number in  
order of birth

(6) Are  
Parents  
Married?

DATE OF  
BIRTH  
(Name of Month) (Day) (Year)

(8) FULL  
NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(11) OCCUPATION

(20) Number of children born to  
mother, including present birth

FATHER

(11) AGE AT LAST  
BIRTHDAY  
(Years)

(14) NAME BEFORE  
MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

MOTHER

(17) AGE AT LAST  
BIRTHDAY  
(Years)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M.  
on the date above stated. (Born alive or stillborn) (Fill in A. M. or P. M.)

(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 mark)

(27) Filed

19  
Registrar

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 28th  
month of pregnancy.