

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

(2) Full Name of Child

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

Registration District No. 1705

File No.—For State Registrar Only
17473

Registered No. 13
(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?
Is the mother the mother of twins or triplets?

(5) Number in order of birth

(6) Are Parents Married?

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

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) AGE AT LAST BIRTHDAY (Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

MOTHER

(19) AGE AT LAST BIRTHDAY (Years)

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(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 22 is signed by mother)

(27) Filed

(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. When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.