

## (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

File No.—For State Registrar Only

4677

Registration District No.

Registered No.

(For use of Local Registrar)

(No. .... St. .... Ward)

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

## (2) Full Name of Child

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

3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

2/20/23

(Name of Month) (Day) (Year)

## FATHER.

4) FULL NAME

David W. Bostic

5) PRESENT POSTOFFICE OF FATHER

Whitman, S.C.

6) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

12) BIRTHPLACE

Trachy, N.C.

13) OCCUPATION

Cotton Mill Operator

## MOTHER.

(14) NAME BEFORE MARRIAGE

Clara Cowan

(15) PRESENT POSTOFFICE OF MOTHER

Whitman, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Rockdale Co., Ga.

(19) OCCUPATION

Domestic

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

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn 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 23 is signed by mark)

(27) Filed

7/12/23

(28)

R. M. Duckett

Local Registrar

19 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.

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