

## (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  
19813

Registration District No. 303

Registered No. 76

For use of Local Registrar

(No. of Births in District) 9. 04. 00. 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?

4) Twin or Triplet

(5) Number of Children

(6) Are Parents Married?

(7) DATE OF BIRTH

## FATHER

8) FULL NAME

9) PRESENT POSITION OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSITION OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State where born or where of 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 answered)

(27) Filed

(28) ANDERSON, S. R.

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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