

1. NAME OF BIRTH

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE NUMBER THIS BIRTH CERTIFICATE

2. SEX OF CHILD

3. DATE OF BIRTH

4. TIME OF BIRTH

5. PLACE OF BIRTH

6. FULL NAME OF CHILD

Registration Number

Date of Birth

1. Sex of

2. Place of

3. Time, date, or other

4. Name, in order of birth

5. Full name

6. Date of

7. Name of mother

8. Address (street, city, county, and state)

9. Age at last birthday

10. Birthplace (city or place)

11. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

12. Industry or business in which work was done, as own home, lawyer's office, etc.

13. Date (month and year) last engaged in this work

14. Total time (years) spent in this work

15. Full maiden name

16. Residence (street, city, county, and state)

17. Other or else

18. Birthplace (city or place)

19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

20. Industry or business in which work was done, as own home, lawyer's office, etc.

21. Date (month and year) last engaged in this work

22. Total time (years) spent in this work

23. Number of children of this mother (at time of this birth and including this child)

24. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

25. Signature of attending physician or midwife

26. Address of attending physician or midwife

27. Date of report

28. Signature of father

29. Address of father

30. Date of filing

31. Signature of registrar