

(1) PLACE OF BIRTH

County of

Township of

or

City or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4069

Registration District No.

Registered No.

(For use of Local Registrar)

(No.)

St.

Ward)

(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) SEX

(4) TWIN or TRIPLE?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

4) FULL NAME OF FATHER

5) PRESENT POSTOFFICE OF FATHER

6) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

7) BIRTHPLACE

8) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) 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 alive at 8:30 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

1912

(28)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

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