

(1) PLACE OF BIRTH

County of ...

Township of ...

Inc. Town of ...

City of ...

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

(2) Full Name of Child

(3) SEX

(4) FULL NAME

(5) PRESENT POSTOFFICE OF FATHER

(6) COLOR OR RACE

(7) BIRTHPLACE

(8) OCCUPATION

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24149

Registration District No. 411 Registered No. 508

(For use of Local Registrar)

St.; Ward)

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

(10) BOY OR GIRL

(11) AGE AT LAST BIRTHDAY

(12) AGE AT LAST BIRTHDAY

(13) AGE AT LAST BIRTHDAY

(14) AGE AT LAST BIRTHDAY

(15) AGE AT LAST BIRTHDAY

(16) AGE AT LAST BIRTHDAY

(17) AGE AT LAST BIRTHDAY

(18) AGE AT LAST BIRTHDAY

(19) AGE AT LAST BIRTHDAY

(20) AGE AT LAST BIRTHDAY

(21) AGE AT LAST BIRTHDAY

(22) AGE AT LAST BIRTHDAY

(23) AGE AT LAST BIRTHDAY

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(39) AGE AT LAST BIRTHDAY

(40) AGE AT LAST BIRTHDAY

(41) AGE AT LAST BIRTHDAY

(42) AGE AT LAST BIRTHDAY

(43) AGE AT LAST BIRTHDAY

(44) AGE AT LAST BIRTHDAY

(45) AGE AT LAST BIRTHDAY

(46) AGE AT LAST BIRTHDAY

(47) AGE AT LAST BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at ... 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

191...

Registrar

(26) Witness

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

(27) Filed

July 10 1912

(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 fourth month of pregnancy.

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