

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No.—For State Registrar Only

Registration District No. 2906

Register 4619

2) Full Name of Child

If child is not supplemental p. of Local Registrar)

Ward)

3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day, named, make as directed.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

(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 . . . (Born alive or stillborn) (Hour A. M. or P. M.) 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

11/1/1924

(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 fifth month of pregnancy.

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