

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

63203

(2) **NAME** \_\_\_\_\_

(For use of Local Registrar)

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

(7) DATE OF BIRTH June, 14, 1916  
(Name of Month) (Day) (Year)

**MOTHER.**

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

(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.