

100

(1) PLACE OF BIRTH

County of Rock
Township of 5th or
Inc. Town of.....
City of

CERTIFICATE OF BIRTH

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

Registration District No. 5008

File No.—For State Registrar Only

31104

Registered No.....
(For use of Local Registrar)

(2) Full Name of Child Liese Hart

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

(3) BOY OR GIRL

(4) Twin or Triplet?
To be an

(5) Number in order of birth

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH. July 3 1972
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(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.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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

(28)

*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.