

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town

or

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

72810

Registration District No. 2015 Registered No. 79

(For use of Local Registrar)

(3) BIRTH

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(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 at on the date above stated.

(23) (Signature)

(24) State whether 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

1916

(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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.