

(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 street and number.)

(2) Full Name of Child

(1) BOY OR GIRL

(2) Twin or Triplet

(3) Number in order of birth

(4) Are Parents Married

(5) DATE OF BIRTH

(6) FULL NAME

(7) PRESENT POST OFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

FATHER

MOTHER

(12) NAME BEFORE MARRIAGE

(13) PRESENT POST OFFICE OF MOTHER

(14) COLOR OR RACE

(15) BIRTHPLACE

(16) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was ... at ... on the date above stated.

(19) (Signature)

(20) State whether Physician or Midwife

(21) Address of Physician or Midwife

(22) Given name added from a supplemental report

(23) Witness

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

(25) Date

(26) 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17822

Registration District No. 2209A

Registered No. 194

(For use of Local Registrar)