

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town 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

File No.—For State Registrar Only

12351

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4304 Registered No. 17

(For use of Local Registrar)

(No. St. Ward)

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

BOY OR GIRL?

By

(4) Twin or Triplet?

(5) Number in order of birth

(To be covered only in case of twins or triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

NAME

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to

including present birth

## MOTHER

(10) NAME BEFORE MARRIAGE

(11) PRESENT POSTOFFICE OF MOTHER

(12) COLOR OR RACE

(13) BIRTHPLACE

(14) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

When name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Registrar

If an attending physician or midwife, then the father, household, etc., should make this return. If not even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.