

(1) PLACE OF BIRTH

County of

Township of

or

Loc. Town of

City of

(2) Full Name of Child.

BOY OR GIRL

To be answered only in event of Twins or Triplets

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who, was

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) (Signature)

(26) (Signature)

(27) (Signature)

(28) (Signature)

(29) (Signature)

(30) (Signature)

(31) (Signature)

(32) (Signature)

(33) (Signature)

(34) (Signature)

(35) (Signature)

(36) (Signature)

(37) (Signature)

(38) (Signature)

(39) (Signature)

(40) (Signature)

(41) (Signature)

(42) (Signature)

(43) (Signature)

(44) (Signature)

(45) (Signature)

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

File No.—For State Registrar Only

74718

Registration District No. 40600

Registered No. 126

(For use of Local Registrar)

St.; Ward

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

(4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER. FULL NAME PRESENT POSTOFFICE OF FATHER COLOR OR RACE BIRTHPLACE OCCUPATION

MOTHER. (14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years) (18) BIRTHPLACE (19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who, was (22) (Signature) (23) State whether Physician or Midwife (24) Address of Physician or Midwife (25) (Signature) (26) (Signature) (27) (Signature) (28) (Signature) (29) (Signature) (30) (Signature) (31) (Signature) (32) (Signature) (33) (Signature) (34) (Signature) (35) (Signature) (36) (Signature) (37) (Signature) (38) (Signature) (39) (Signature) (40) (Signature) (41) (Signature) (42) (Signature) (43) (Signature) (44) (Signature) (45) (Signature)

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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.