

STATE OF SOUTH CAROLINA

# CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE BOARD OF HEALTH

File No. 33934

City of Charleston

County of Charleston

Registration District No. 400.8

Registered No. 288

Sex of Child

Age of Child

Full Name of Child

Sex of Child

Age of Child

Full Name of Child

Sex of Child

Age of Child

Full Name of Child

Sex of Child

Age of Child

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(28) (Signature) (29) Date whether Physician or Midwife (30) Address of Physician or Midwife

(31) Name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Oct. 27, 1923 (34) 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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