

(1) PLACE OF BIRTH

County of LatahTownship of 1stor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5113

Registration District No. 1Registered No. 76

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME	(11) AGE AT LAST BIRTHDAY (Years)
(9) PRESENT POSTOFFICE OF FATHER	
(10) COLOR OR RACE	
(12) BIRTHPLACE	
(13) OCCUPATION	
(20) Number of children born to mother, including present birth	

MOTHER.

(14) NAME BEFORE MARRIAGE	(17) AGE AT LAST BIRTHDAY (Years)
(15) PRESENT POSTOFFICE OF MOTHER	
(16) COLOR OR RACE	
(18) BIRTHPLACE	
(19) OCCUPATION	
(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 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed [Signature] (28) [Signature] 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.