

## (1) PLACE OF BIRTH

County of

Township of

or

City 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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1906

No. for State Registrar

28215

Registered No. 60  
(For use of Local Registrar)

St. Ward

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

BOY OR GIRL

(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

(11) AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

(12) 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

(Years)

(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... (Name of child) at... (Hour) A. M. or P. M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/24/23

(28)

L. E. Hester  
Local Registrar

19 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.

Registrar

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