

(1) PLACE OF BIRTH

County

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18772

Registration District No. 2203 Registered No.

(For use of Local Registrar)

St.; Ward)

2 Full Name of Child

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.

MOTHER.

(9) NAME BEFORE MARRIAGE

(10) PRESENT POSTOFFICE OF MOTHER

(11) AGE AT LAST BIRTHDAY (Years) (12) COLOR OR RACE (13) AGE AT LAST BIRTHDAY (Years)

(14) BIRTHPLACE (15) OCCUPATION

(16) OCCUPATION

(17) Number of children born to mother, including present birth (18) 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 at M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician 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 (28) 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.

BEFORE THE NEXT MONTH OF PREGNANCY