

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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. 901

File No. - For State Registrar Only

10335

Registered No. 26

(For use of Local Registrar)

St. Ward

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER
Benjamin Wilson

(9) PRESENT POSTOFFICE OF FATHER

Net Pleasant SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

Eight

(14) NAME BEFORE MARRIAGE

MOTHER
Rosa Butler

(15) PRESENT POSTOFFICE OF MOTHER

Net Pleasant SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

House Wives

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

Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Name of Child) at (Place) on the date above stated. (Hour of Day) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

(25) Assistant Physician or Midwife

Given name added from supplemental report

Witness

(Signature of Witness necessary only if question 22 is signed by mark)

Print

(26)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report. If a child breathes even once, it is a birth and must be reported to the State Board of Health.