

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

(1) BOY OR

GIRL

(2) Twin

or Triplet?

(3) Number in

order of birth

(4) Are

Parents

Married?

(5) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(6) FULL

NAME

(7) PRESENT

POSTOFFICE

OF FATHER

(8) COLOR

OR

RACE

(9) BIRTHPLACE

(10) OCCUPATION

(11) Number of children born to

mother, including present birth

(12) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(13) (Signature)

(14) State whether Physician or Midwife

(15) Address of Physician or Midwife

(16) Witness

(17) Filed

(18) Local Registrar

(19) 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

66474

Registration District No.

Registered No.

(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

(1) BOY OR

GIRL

(2) Twin

or Triplet?

(3) Number in

order of birth

(4) Are

Parents

Married?

(5) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(6) FULL

NAME

(7) PRESENT

POSTOFFICE

OF FATHER

(8) COLOR

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(11) Number of children born to

mother, including present birth

(12) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(13) (Signature)

(14) State whether Physician or Midwife

(15) Address of Physician or Midwife

(16) Witness

(17) Filed

(18) Local Registrar

(19) 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.

FATHER.

(1) FULL

NAME

(2) PRESENT

POSTOFFICE

OF FATHER

(3) COLOR

OR

RACE

(4) BIRTHPLACE

(5) OCCUPATION

(6) Number of children born to

mother, including present birth

(7) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(8) (Signature)

(9) State whether Physician or Midwife

(10) Address of Physician or Midwife

(11) Witness

(12) Filed

(13) Local Registrar

(14) 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.

MOTHER.

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(17) AGE AT LAST

BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother

now living, including present birth

(21) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

(26) Filed

(27) Local Registrar

(28) 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.