

(1) PLACE OF BIRTH

County of

Township of

In town of

or

(2) Name of Child

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19120

Registration No. 2701

Registered No. 105

(For use of Local Registrar)

(No. St. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Name of Child Laura Brown

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

Month Day Year

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(13) BIRTHPLACE

(15) OCCUPATION

## MOTHER.

(1) 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, (Born alive or stillborn) (Hour A. M. or P. M.) on the day of the month of the year stated.

(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)

June 20 1912

(28)

Local Registrar

When there was no attending physician, the father, householder, etc., should make this return if a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.