

(1) PLACE OF BIRTH

County of DurhamTownship of North

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

Registration District No. 3612 Registered No.

(For use of Local Registrar)

File No. — For State Registrar Only

4870

(2) Full Name of Child

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

3) BOY OR GIRL?	4) Twin or Triplet? To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME	9) PRESENT POSTOFFICE OF FATHER		14) NAME BEFORE MARRIAGE	15) PRESENT POSTOFFICE OF MOTHER
10) COLOR OR RACE	11) AGE AT LAST BIRTHDAY (Years)	12) BIRTHPLACE	16) COLOR OR RACE	17) AGE AT LAST BIRTHDAY (Years)
13) OCCUPATION	18) BIRTHPLACE		19) OCCUPATION	20) 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 7 A. 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.