

THIS IS A PERMANENT RECORD  
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Form No. 8

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

41307

Registration District No.

2901

Registered No.

129

(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.)

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

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 17 23  
 (Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER

E. J. Henderson

Gray Court SC

White (11) AGE AT LAST BIRTHDAY 26 (Years)

SC

Farmer

**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. (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 parent)

(27) Filed

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.