

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

(if birth occurs in a hospital or other institution)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

30905

Registration District No.

Registered No.

(For use of Local Registrar)
 St.: Ward:
 If child is not yet named, make
 supplemental report as directed

(2) Full Name of Child

BOY OR
GIRL?Twin
or Triplet?(3) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER
FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OF
FACE

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

Registrar

(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 5th month of pregnancy.