

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town

OF

City of

(If birth occurs in

hospital

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29951

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 4400 Main

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

(3) BOY

GIRL

Boy

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) Full

Name

(9) Present

Postoffice

of Father

(10) Color

or

Race

(11) Age at Last

Birthday

(Years)

(12) Birthplace

(13) Occupation

(14) Number of children born to

mother, including present birth

MOTHER

(14) Name before

marriage

(15) Present

Postoffice

of Mother

(16) Color

or

Race

(17) Age at Last

Birthday

(Years)

(18) Birthplace

(19) Occupation

(20) Number of children of this mother

now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Born alive as stillborn)

(Hour of Day) (P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

Registrar

(26) Filed

(27) Date

(28) Signature

(29) Title

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.a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.