

(1) PLACE OF BIRTH

County of York  
 Township of Liberty  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 3584

File No. — for State Registrar Only

15286

Registered No. 71  
 (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.)

(2) Full Name of Child

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

(1) SEX OR GENDER	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(8) FULL NAME				(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER				(15) PRESENT POSTOFFICE OF MOTHER
(11) AGE AT LAST BIRTHDAY (Years)				(17) AGE AT LAST BIRTHDAY (Years)
(10) COLOR OR RACE				(16) BIRTHPLACE
(2) BIRTHPLACE				(18) OCCUPATION
(3) OCCUPATION				(21) Number of children of this mother now living, including present birth
(20) Number of children born to mother, including present birth				

**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. (Born alive or stillborn) Hour, M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
 tal report

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

(27) Filed 4/10/20 (28) John P. ... 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.

Registrar

LOCAL REGISTRAR

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