

(1) PLACE OF BIRTH

County of

Township of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) Sex of Child

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

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

(13) on the date above stated.

(14) State whether Physician or Midwife

(15) Address of Physician or Midwife

(16) Witness

(17) Filed

(18) Local Registrar

(19) 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79770

Registration District No. 4407 Registered No. 58 (For use of Local Registrar)

(No. St.; Ward)

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness (27) Filed (28) Local Registrar

(29) 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.