

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

300

Registration District No.

Registered No.

(For use of Local Registrar)

Ward

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

Full Name of Child

(1) BOY OR GIRL?

(2) Twin or Triplet?

(3) Number in order of birth

(4) Are Parents Married?

(5) DATE OF BIRTH

(6) NAME BEFORE MARRIAGE

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

(12) NAME BEFORE MARRIAGE

(13) PRESENT POSTOFFICE OF MOTHER

(14) COLOR OR RACE

(15) BIRTHPLACE

(16) OCCUPATION

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

(18) NAME BEFORE MARRIAGE

(19) PRESENT POSTOFFICE OF FATHER

(20) COLOR OR RACE

(21) BIRTHPLACE

(22) OCCUPATION

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

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