

(1) PLACE OF BIRTH

County of
Township of
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. 3213

File No.—For State Registrar Only
31250

Registered No. 49
(For use of Local Registrar)

(2) Full Name of Child

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH..... 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME (14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY..... (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY.....
(12) BIRTHPLACE (18) BIRTHPLACE
(13) OCCUPATION (19) OCCUPATION
(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, 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 A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1922 (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 fifth month of pregnancy.