

(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.

(2) Full Name of Child

File No.—For State Registrar Only

2380

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800

Registered No. 2

(For use of Local Registrar)

Only

(3) SEX OF CHILD

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(12) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(13) PRESENT POSTOFFICE OF MOTHER

(10) COLOR

(11) AGE AT LAST BIRTHDAY

(14) COLOR OR RACE

(15) AGE AT LAST BIRTHDAY

(16) BIRTHPLACE

(17) OCCUPATION

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report.

(24) Witness

(Signature of witness necessary only when question 22 is signed by mark)

(25) Filed

(26) 1912

(27) 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.

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