

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

19371

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

Registration District No.

Registered No.
(For use of Local Registrar)

3. BOY OR
GIRL?

4. Twin
or Triplet?

5. Number in
order of birth

6. Are
Parents
Married?

7. DATE OF

BIRTH 19....
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME

9. PRESENT
POSTOFFICE
OF FATHER

10. COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

14. Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 supplemen-
tal report

(26) Witness

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

19....
Registrar

(27) Filed 7/3

19....

(28)

J. E. Lybrand
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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MARGIN RESERVED FOR INDEXING. WRITE PLAINLY IN INK. DO NOT WRITE IN PENCIL. DO NOT WRITE IN RED INK. DO NOT WRITE IN BLUE INK. DO NOT WRITE IN GREEN INK. DO NOT WRITE IN PURPLE INK. DO NOT WRITE IN BROWN INK. DO NOT WRITE IN BLACK INK. DO NOT WRITE IN WHITE INK. DO NOT WRITE IN GOLD INK. DO NOT WRITE IN SILVER INK. DO NOT WRITE IN IRIDESCENT INK. DO NOT WRITE IN GLOWING INK. DO NOT WRITE IN SHINING INK. DO NOT WRITE IN GLASS INK. DO NOT WRITE IN METAL INK. DO NOT WRITE IN STONE INK. DO NOT WRITE IN WOOD INK. DO NOT WRITE IN LEAD INK. DO NOT WRITE IN TIN INK. DO NOT WRITE IN COPPER INK. DO NOT WRITE IN BRASS INK. DO NOT WRITE IN IRON INK. DO NOT WRITE IN STEEL INK. DO NOT WRITE IN ALUMINUM INK. DO NOT WRITE IN ZINC INK. DO NOT WRITE IN NICKEL INK. DO NOT WRITE IN CHROME INK. DO NOT WRITE IN SILICON INK. DO NOT WRITE IN GERMANIUM INK. DO NOT WRITE IN ARSENIC INK. DO NOT WRITE IN ANTIMONY INK. DO NOT WRITE IN BISMUTH INK. DO NOT WRITE IN CADMIUM INK. DO NOT WRITE IN MERCURY INK. DO NOT WRITE IN SODIUM INK. DO NOT WRITE IN POTASSIUM INK. DO NOT WRITE IN LITHIUM INK. DO NOT WRITE IN STRONTIUM INK. DO NOT WRITE IN BARIUM INK. DO NOT WRITE IN RADIUM INK. DO NOT WRITE IN POLONIUM INK. DO NOT WRITE IN AUSTRIUM INK. DO NOT WRITE IN UNKOWN INK. DO NOT WRITE IN OTHER INK. NO. 1 THE OTHER, NO. 2, ETC., IN QUESTION 3.