

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

19103

County of _____

Township of _____

or
Inc. Town of _____or
City of _____

Registration District No. 40-a

Registered No. 284

(For use of Local Registrar.)

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

(2) Full Name of Child Virginia Elsie Hughes

(3) SEX OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH

6 7 23

(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

(20) 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 _____
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 of child from a supplemental
report

L. A. Riser M.D.

226/44

Registrar

(26) Witness

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

(27) Filed

7-1-23

Jas. Coker

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.