

(1) PLACE OF BIRTH

County of Franklin State of California

Township of ALBANY

of  
the Town of .....

of

if birth occurs in a hospital

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA.**  
**Bureau of Vital Statistics**  
**State Board of Health**

File No.—For State Registrar Only

11315

Registration District No. 3314 Registered No. 42  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(No. .... give name of same instead of street and number.)

2. Full Name of Child. William Alexander { If child is not yet named, make supplemental report as directed.

11) BOY OR  
GIRL?

(4) Twin  
or triplet?

(5) Number in order of birth

(6) Are  
Parents  
Married?

(7) DATE OF BIRTH \_\_\_\_\_ 191\_\_  
(Name of Month) (Day) (Year)

**FATHER.**

• FULL  
NAME

1) PRESENT  
POSTOFFICE  
OF FATHER

... COLOR  
ON  
FACE

2) BIRTHPLACE

### III. OCCUPATION

4. Number of children born to  
maternal, including present birth

(11) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(14) NAME BEFORE MARRIAGE

(19) **PRESENT  
POSTOFFICE  
OF MOTHER**

(16) COLOR OR RACE

(18) BIRTHPLACE

**(19) OCCUPATION**

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

(17) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

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

(23) (Signature) *[Signature]*  
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

idea name added from a supplemental report

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

(27) FIVE Apr 10 1983 (28) W. H. Workley 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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