

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

**12465**

County of \_\_\_\_\_

**Township of**

Inc. Town of

OF

City of

**Registration District No.**

Registered No.

(For use of Local Registrar)

(No.

144

• • • •

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

**(2) Full Name of Child**

If child is not yet named, make  
[supplemental] report as directed

2) BOY OR GIRL?

(4) **Twins or Triplet?**

(8) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

DATE OF BIRTH March 1, 1923  
(Name of Month) (Day) (Year)

# FATHER

(D) FULL NAME

9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

12 NORTH PLAZA

**12. OCCUPATION**

20) Number of children born to mother, (excluding present birth)

# FATHER

(14) NAME BEFORE MARRIAGE

(16) **PRESENT  
POSTOFFICE  
OF MOTHER**

(16) COLOR OR RACE

(18) BIRTHPLACE

**(10) 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 \_\_\_\_\_  
on the date above stated.

1022-1111 at 12 M.  
(Born alive or still born) (Hour of 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

(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.