

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of

(2) Full Name of Child

(3) Sex

(4) To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Date of Birth

(7) Name of Month

(8) Day

(9) Year

(10) Name of Father

(11) Name of Mother

(12) Name of Child as born to mother, including present birth

(13) Name of Child as born to mother, including present birth

(14) Name before marriage

(15) Present Postoffice of Mother

(16) Color or Race

(17) Birthplace

(18) Occupation

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

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

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209A

Registered No. 207

(For use of Local Registrar)

(No. St. Ward)

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

(1) DATE OF BIRTH

(2) NAME OF FATHER

(3) NAME BEFORE MARRIAGE

(4) PRESENT POSTOFFICE OF MOTHER

(5) COLOR OR RACE

(6) BIRTHPLACE

(7) OCCUPATION

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

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(12) State whether Physician or Midwife

(13) Address of Physician or Midwife

(14) Witness

(15) Full Name

(16) Local Registrar

(17) 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.

File No. — For State Registrar Only
18819

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(For use of Local Registrar)

(No. St. Ward)

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