

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2, 7, 1, 12

Registered No. 43904  
(For use of Local Registrar)(a) SEX ON  
BIRTH(b) Type  
or Trade

To be reported when one of Type or Trade

(c) Name in  
case of live(d) Name  
in case of  
stillborn(e) DATE OF  
BIRTH

(f) Name of Month (g) Year (h) Day

## FATHER.

(a) FULL  
NAME(b) PRESENT  
POST OFFICE  
OF FATHER(c) COLOR  
OR  
RACE

(d) BIRTHPLACE

(e) OCCUPATION

(f) Number of children born to  
mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(2) (Signature)

(3) State (4) Physician or Midwife

(5) Address of Physician or Midwife

Given name added from a supplement  
report

(6) Witness

(Signature of Witness necessary only  
when question 22 is signed by mother)

(7) Filed

Feb 16 - 1914

(8)

Local Registrar

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RegistrarWhen there was no attending physician or midwife, then the father, household, 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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