

(1) PLACE OF BIRTH

County of DarlingtonTownship of SouthInc. Town of SouthCity of South

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1-17

File No. — For State Registrar Only

3174Registered No. 1-17
(For use of Local Registrar)(No. 87 Ward)
If child is born in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child not named

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

(3) SEX OR
GIRL(4) Twin
or Triplet(5) Number by
order of birth(6) Age
Parent
Married(7) DATE OF
BIRTH(8) (9) (10)
(Name of Month) (Day) (Year)

FATHER

(11) FULL
NAME(12) PRESENT
POSTOFFICE
IF FATHER(13) COLOR
OR
RACE

(14) BIRTHPLACE

(15) OCCUPATION

(16) Number of children born to
parent, including present birth

MOTHER

(17) NAME BEFORE
MARRIAGE(18) PRESENT
POSTOFFICE
OF MOTHER(19) COLOR
OR
RACE

(20) BIRTHPLACE

(21) OCCUPATION

(22) Number of children of this mother
now living, including present birth(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)
on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Green name added from supplemental report

(27) Witness

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

(28) Filed

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(29)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.