

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10298

Registered No. 588

(For use of Local Registrar)

St. Ward

(No. of street and number)

child is not yet named, make supplemental report as directed

2) Full Name of Child

BOY OR GIRL

Full Name

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of Parent

Married

(7) DATE OF BIRTH

Name of Month

(Day)

(Year)

## FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

(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.

(23) (Signature)

(24) State whether

(25) Address of Physician or Midwife

Given name, added, from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "mark")

(27) Date

(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.