

1 Place of Birth

County of

Municipal Dist.

Town or City of

2 FULL NAME OF CHILD

3 Sex of Child

4 Twin, triplet or other

5 Number in order of birth

6 Legitimate

7 Date of Birth

(Month)

(Day)

(Year)

8 FULL NAME

9 RESIDENCE

10 COLOR

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to this mother,

including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22-I hereby certify that I attended the birth of this child, who was born alive at North Augusta, S.C. on the date above stated, and that I did use the treatment for preventing ophthalmia neonatorum.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Address

Given name added from a supplemental report

19

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

FILE NO.  
Per State Registrar Only.

2850

R.O.V. 1

5

Reg. Dis. No.

Register No.

(No. 573 St. Carolina Ave. (Ward))

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

FATHER

MOTHER

14 FULL MAIDEN NAME

15 RESIDENCE

16 COLOR

18 BIRTHPLACE

19 OCCUPATION

21 Number of children of this mother now living

17 AGE AT LAST BIRTHDAY

(Years)

11 AGE AT LAST BIRTHDAY

(Years)

11:50 P.M.

Dr. J. M. Medlock  
Augusta, S.C.

Local Registrar

Registrar