

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90462

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 3)

St.; Ward

other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OR

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Race

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(8) FULL
NAME

FATHER.

(14) NAME BEFORE
MARRIAGE

MOTHER.

(9) PRESENT
POSTOFFICE
OF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) AGE AT LAST

BIRTHDAY

(Years)

(16) COLOR
OR
RACE

(17) AGE AT LAST

BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(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

born at

(Born alive or stillborn)

(Hour) (M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

Registrar

(27) Filed

(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.