

(1) PLACE OF BIRTH

County of

Township of

or
Loc. Town ofor
City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18569

Registration District No. 100

Registered No. 48

(For use of Local Registrar)

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

(3) SEX OR
GIRL?(4) TWINS
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

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 of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at _____ M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (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)

(27) FILED 5/22/1914

(28) Local Registrar

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