

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

(2) Full Name of Child

(3) SEX OF  
CHILD(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
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

(Year)

(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

(Year)

(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 alive at 9:40  
on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Other name added from a supplement-  
tal report

(25) Witness

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

(26) Filed

4-1-22

Local Registrar

When there was no attending physician or midwife, then the father, householder, or 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.

before the fifth month of pregnancy.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9049

Registration District No. 40-A

Registered No. 110  
(For use of Local Registrar)

St.: Ward)

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

(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

(Year)

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