

(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.)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name) (Month) (Day) (Year)

(For use of Local Registrar)

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

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) 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

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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

Physician or Midwife

(25) Address of Physician or Midwife

Given name and address from a supplemental report

M. B. Sw. M. D.

6/10/14

19 Registrar

(26) Witness

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

(27) Filed

1922

(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.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 30206

Registration District No. 4002B

Registered No. 27

(For use of Local Registrar)

(St.; Ward)

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