

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 400 Registered No. 37

(For use of Local Registrar)

(No. .... St.; .... Ward)

If birth occurs in a hospital or 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

1. BOY OR GIRL? 2. Twin or Triplet? 3. Number in order of birth  
To be answered only in event of Twins or Triplets

4. Are Parents Married? 5. DATE OF BIRTH  
(Name of Month) (Day) (Year)

## FATHER.

6. FULL NAME 7. PRESENT POSTOFFICE OF FATHER

8. COLOR OR RACE 9. AGE AT LAST BIRTHDAY (Years)

10. BIRTHPLACE

11. OCCUPATION

12. Number of children born to mother, including present birth

## MOTHER.

13. NAME BEFORE MARRIAGE 14. PRESENT POSTOFFICE OF MOTHER

15. COLOR OR RACE 16. AGE AT LAST BIRTHDAY (Years)

17. BIRTHPLACE

18. OCCUPATION

19. Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed (26) 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.

File No. - For State Registrar Only

3123

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