



Certificate of Adoption Division of Vital Records

PART I	<i>This information in this section must be given as it was before adoption. Without this data it may be impossible to prepare an amended certificate of birth for this child.</i>		
FACTS OF BIRTH	NAME OF CHILD - First Name		Middle Name
	Date of Birth		Sex
	County of Birth		Race
NATURAL PARENTS DATA	Maiden name of Mother - First Name		Last Name (Maiden Surname)
	Name of Father - First Name		Last Name
VERIFICATION OF PART I	Signature of person verifying data in Part I		Authorization (attorney, clerk of court, agency director, other (specify))
PART II	<i>Adopting parents must furnish the following information concerning themselves as it was <u>at the date of birth of the above</u> child. This information is used in preparation of the amended certificate of birth.</i>		
MOTHER	Mother's Current Legal Name - First Name		Middle Name
	Maiden Name of Mother - First Name		Last Suffix
	Date of Birth - Month, Day, Year		Birthplace (State of Foreign Country)
	Residence - City or Town		Color or Race
FATHER	Name of Father - First Name		Middle Name
	Date of Birth - Month, Day, Year		Last Name
	Occupation		Kind of Business or Industry
VERIFICATION OF PART II	Signature: Mother _____ Father _____		NOTE: Where the spouse of the child's natural parent (i.e. the child's stepparent) is the adopting parent, for the purpose of completing this form, both the stepparent and the natural parent will be considered the adopting parents.
<u>Prior relationship between adopting parent(s) and adopted child:</u> MOTHER: <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Natural Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Other (specify): _____ FATHER: <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Natural Father <input type="checkbox"/> Uncle <input type="checkbox"/> Other (specify): _____			
AGENCY OR DEPARTMENT	Name and mailing address of agency or department which investigated or handled case.		
ATTORNEY	Name and mailing address of Attorney		
PART III	<i>To Be Completed by the Clerk of Court</i>		
DOMESTICATION OF FOREIGN ADOPTION	I hereby certify that the foreign adoption of the child by the parents named in Part II above and described in the order made on the _____ and recorded in Judgement Roll or Docket No. _____ was domesticated and is now to bear the name of _____ as set forth in the order. Signature and Seal of Clerk of Court _____ Date signed _____ Clerk of Court in and for the County of _____ State of _____		
PART IV	I hereby certify that the child described in the decree of adoption made on the _____ and recorded in Judgement Roll or Docket No. _____ was adopted by the parent(s) named in Part II and is now to bear the name of _____ as set forth in the order. Signature and Seal of Clerk of Court _____ Date signed _____ Clerk of Court in and for the County of _____ State of _____		
PART V	<i>When birth occurred in a state other than South Carolina the State Registrar shall forward this certificate to the proper official in the state of birth.</i>		
Certification of S.C. Dept. of Health & Env. Control	I hereby certify that this report of adoption was received on the _____ Signature _____ Title _____		