

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

UP

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

1) Sex

2) Date

3) Number in

4) Are

5) DATE

6) NAME BEFORE

7) PRESENT

8) COLOR

9) AGE AT LAST

10) BIRTHPLACE

11) OCCUPATION

12) Number of children born to

13) Number of children of this mother

14) I hereby certify that I attended the birth of this child, who was

15) on the date above stated.

16) (Signature)

17) State whether

18) Address of Physician or Midwife

19) Give name added from a supplement

20) Witness

21) Signature of Witness necessary only

22) When there was no attending physician or midwife, then the father, householder, etc., should make this return

23) If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths

24) before the fifth month of pregnancy.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1700

File No.—For State Registrar Only

3677

Registered No. 6

(For use of Local Registrar)

Ward

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

BIRTH Feb 13 23

(Name of Month) (Day) (Year)

MOTHER.

Edna Glenn

Ridgerville, S.C.

COLOR OR RACE Negro

AGE AT LAST BIRTHDAY 22

BIRTHPLACE So. Car.

OCCUPATION Domestic

Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

(23) (Signature) [Signature]

(24) State whether [Signature] (25) Address of Physician or Midwife

Midwife Ridgerville, S.C.

(26) Witness [Signature]

(27) Signature of Witness necessary only [Signature]

(28) When there was no attending physician or midwife, then the father, householder, etc., should make this return

(29) If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths

(30) before the fifth month of pregnancy.