

Form No. 1

(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

File No. — For State Registrar Only

3641

Registration District No. 1.60.5

Registered No. 12

(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

(3) BIRTH OR

(4) Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth

(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 born on the date above stated.

(23) (Signature)

(24) State (Rank) Physician or Midwife

(25) Address of Physician or Midwife

(26) Give name added from a supplemental report

(27) Witness

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

(28) Filed 2-12-23

(29)

When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is required of stillbirth before the fifth month of pregnancy.