

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

City of

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

Registration District No. 2714

File No. - For State Registrar Only
40868Registered No. 27
(For use of Local Registrar)

St.:

Ward:

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No.)

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

(2) Full Name of Child

Sex

Date of Birth

Month

Day

Year

FATHER

MOTHER

Full Name

Present Postoffice of Father

Color or Race

Age at Last Birthday

Birthplace

Occupation

Number of children born to mother, including present birth

Color or Race

Age at Last Birthday

Birthplace

Occupation

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

Certificate of Attending Physician or Midwife

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

(Born alive or stillborn)

(Hour A. M. or P. M.)

(Signature)

(Address of Physician or Midwife)

Given name added from a supplemental report

Witness

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

Filed Jan 24 1924

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.