

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

## CERTIFICATE OF BIRTH

BUREAU OF PUBLIC HEALTH

Division of Vital Statistics

State Board of Health

File No. For this birth

50793

Registration District No.

Registered No.

(For use of Local Registrar)

(No.)

St.

If child is not yet naming child, supplemental report is allowed

(3) BOY OR GIRL?

(4) Sex or Gender

(5) Number in order of birth

Is a second or later birth?

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month, Day, Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) OCCUPATION

(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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Registrar or Registrar

Given name added from a supplementary report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) FILED

(28)

When there was no attending physician or midwife, then the father, householder, etc. should make this return, and a child hospital was used, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia