

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.
McGaw, of Columbia.

Form No. 1

(1) PLACE OF BIRTH

County of Greenville S.C.

Township of Greenville

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43041

Registration District No. 2209

Registered No.

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Sara Francis

If child is not yet named, make
up a name for the child.

(3) BOY OR
GIRL Girl

(4) Twin
or Triplet?

(5) Number in
order of birth

(to be answered only in case of Twin or Triplet)

(6) Are
Parents
Married?

(7) DATE
BIRTH

(Name of Month) (Day) (Year)

(8) FULL
NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY

30
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

One

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY

22
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 9:15 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

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Registrar

(26) Witness

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

(27) Filed

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(28) 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.