

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Loc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10039

Registration District No. 57

Registered No. 9
(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.)

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

(2) Full Name of Child

not named

1. BOY OR GIRL

2. Twin or Triplet?

3. Number in order of birth

4. Are Parents Married?

5. DATE OF BIRTH July 10 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

6. FULL NAME

7. NAME BEFORE MARRIAGE

8. PRESENT POSTOFFICE OF FATHER

9. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

12. COLOR OR RACE

13. AGE AT LAST BIRTHDAY

14. BIRTHPLACE

15. BIRTHPLACE

16. OCCUPATION

17. OCCUPATION

18. Number of children born to mother, including present birth

19. 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 female at 11:35 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

Give name added from a supplemental report

(26) Witnesses

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

1922 Registrar

(27) Filed 8/10 1922

(28) Local Registrar

When there was no attending physician or midwife, then the father, household, 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 sixth month of pregnancy.