

Form No. 1

(1) PLACE OF BIRTH

County of Durham  
Township of W. B. L.  
or  
Inc. 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  
**1630**

Registration District No. 33

Registered No. 1  
(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 Leif

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes  
To be answered only in event of Twin or Triplet

DATE OF BIRTH Feb 27 1903  
(Name of Month) (Day) (Year)

**FATHER.**

8) FULL NAME Leif  
9) PRESENT POSTOFFICE OF FATHER Leif  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 44 Years  
12) BIRTHPLACE Leif  
13) OCCUPATION Leif

**MOTHER.**

14) NAME BEFORE MARRIAGE W. B. L.  
15) PRESENT POSTOFFICE OF MOTHER Leif  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 44 Years  
18) BIRTHPLACE Leif  
19) OCCUPATION Leif

20) Number of children born to mother, including present birth 3

21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was 54 M., on the date above stated. (Born alive or stillborn) Hour M or P M.

(23) (Signature) Dr. E. L. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

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

Feb 27 1903 (27) Local Registrar

When there was no birth, then the father, householder, etc., should make this return. If a child breathed even a few minutes, it should be reported as stillborn. No report is desired of stillbirths.

WRITE PRINTED NAMES IN SPACES PROVIDED FOR THIS PURPOSE IN A PRELIMINARY REPORT. Do not use of "stillborn" unless a child has been reported as such. If a child has been reported as such, it should be reported as such. If a child has been reported as such, it should be reported as such.