

Form No. 1

## (1) PLACE OF BIRTH

County of Richland

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 number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41160

Registration District No. 27-4 Registered No. ....

(For use of Local Registrar)

## (2) Full Name of Child

William

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

(3) SEX OR GENDER	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Current Month	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
(9) PRESENT POST OFFICE OF FATHER			(15) PRESENT POST OFFICE OF MOTHER	
(16) COLOR OR RACE			(17) AGE AT LAST BIRTHDAY	
(12) BIRTHPLACE			(18) BIRTHPLACE	
(13) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth			(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 ..... at .....  
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

(If name added from a supplement-  
al report)

(26) Witness

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

(27) Filed

Dec 31 1923

(28) Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns  
before the fifth month of pregnancy.N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
PRINT-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.