

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)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
46038

Registration District No. 1700

Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Thomas Williams

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
(to be answered only in case of twins or triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Print name added from a supplemental report

Registrar

(25) Witness

(Signature of Witness necessary when question 23 is signed)

(26) Filed

(27)

Local Registrar

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

REMARKS: THIS IS A PERMANENT FORM. IT IS NOT TO BE REPRODUCED OR REWRITTEN. IT IS TO BE USED FOR THE BIRTH OF EACH CHILD, AND NOT FOR THE BIRTH OF TWINS OR TRIPLETS. IT IS A SEPARATE BLANK FOR EACH CHILD, AND NOT THE SAME FOR ALL. IT IS TO BE FILLED OUT BY THE REGISTRAR, OR BY THE FATHER, HOUSEHOLDER, ETC., IF NO ATTENDING PHYSICIAN OR MIDWIFE IS AVAILABLE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, SOUTH CAROLINA.