

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

55859

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

Is he reported only in case of twins or triplets?

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) OCCUPATION

(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

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) Sign whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

(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.

M. E. — In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and show the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.