

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, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4154

Registration District No.

Registered No. 17
(For use of Local Registrar)

City of

Ward

3 SEX OR GIRL

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married?

7 DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

8 FULL NAME

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

MOTHER

15 NAME BEFORE MARRIAGE

16 PRESENT POSTOFFICE OF MOTHER

17 COLOR OR RACE

18 AGE AT LAST BIRTHDAY

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
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(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 breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

RECORDS OF SOUTH CAROLINA

IN CASE OF BIRTHS, DEATHS, AND MARRIAGES, THE REGISTRAR SHALL BE FURNISHED WITH A COPY OF THIS CERTIFICATE, AND SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE RECORDS.

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