

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

3840

Registration District No. 16.3

Registered No. 7

(For use of Local Registrar)

## (2) Full Name of Child

3) BOY OR GIRL

4) Twin or Triplet

5) Number in order of birth

6) Are Parents

7) DATE OF BIRTH

(Name of Month) (Day) (Year)

8) FATHER'S NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

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

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

18) BIRTHPLACE

19) 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 on the date above stated.

(23) (Signature)

(24) State 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)

When there was no attending physician or midwife, then the father, householder, or other person present at the birth of a child breathes even once, it must not be reported as stillborn. No report to be made before the fifth month of pregnancy.