

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Wheat

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

7682

Registration District No. 11Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL

(2) Twin or Triplet

(3) Number in order of birth

(4) Are Parents Married?

(5) DATE OF

BIRTH (Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

(12) AGE AT LAST BIRTHDAY

(Year)

MOTHER.

(13) NAME BEFORE MARRIAGE

(14) PRESENT POSTOFFICE OF MOTHER

(15) COLOR OR RACE

(16) BIRTHPLACE

(17) OCCUPATION

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

(19) AGE AT LAST BIRTHDAY

(Year)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was as M. on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) State Lee (26) Wheat 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 is reported as stillborn. No report is desired of stillbirths occurring in the month of pregnancy.