

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

70170

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR

(4) Twin

(5) Number in

(6) Are

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

(9) PRESENT

(10) COLOR

(11) AGE AT LAST

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to

mother, including present birth

MOTHER.

(14) NAME BEFORE

(15) PRESENT

(16) COLOR

(17) AGE AT LAST

(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

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement

191...

Registrar

(26) Witness

(Signature of Witness necessary only

when question 23 is signed by mark)

(27) Filed

191...

(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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCay, of Columbia.

WRITE PLAINLY, WITH THE BOLD HAND. THIS IS A PERMANENT RECORD.