

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

34079

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward

Olive Church

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Church

(9) PRESENT POSTOFFICE OF FATHER

Lake View

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

18

(12) BIRTHPLACE

Dillon Co S.C.

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

George Hays

(15) PRESENT POSTOFFICE OF MOTHER

Lake View

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Dillon Co S.C.

(19) OCCUPATION

House Wife

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

1

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

1

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

Physician

Given name added from a supplemental report

(25) Witness

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

(26) Filed

11-8-77

(27) Local Registrar

(28)

Local Registrar

Local Registrar

Local Registrar

Local Registrar

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 required of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR RECORDING.

When placed, with children in a permanent record, this form is to be placed in a separate blank for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, N. Y.