

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
5118

Registration District No. **3803**

Registered No. **67**
 (For use of Local Registrar)

City of

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Francis Simon

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

3) SEX —
GIRL?4) Twin
or Triplet?5) Number in
order of birth6) Are
Parents
Married?7) DATE OF
BIRTH

2/6/23

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE11) AGE AT LAST
BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE17) AGE AT LAST
BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

20) 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 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
 tal report

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

19
Registrar

(27) Filed 19 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
 before the fifth month of pregnancy.