

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43222

Registration District No. 2807

Registered No. 421

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR

GIRL

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

(11) AGE AT LAST

BIRTHDAY

(Years)

(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

(17) AGE AT LAST

BIRTHDAY

(Years)

(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 ..... at ..... 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 supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)B. J. Richardson  
Registrar(27) Filed Dec 10 1922 (28) B. J. Richardson  
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.