

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

3904

Registration District No. 1504

Registered No. 12  
(For use of Local Registrar)

## (2) Full Name of Child

1. Sex  
Male2. Twin  
or Triplet?3. Number in  
order of birth4. Are  
Parents  
Married?

5. DATE OF

BIRTH Feb 26 1922  
(Name of Month) (Day) (Year)6. FULL  
NAME7. PRESENT  
POSTOFFICE  
OF FATHER8. COLOR  
OR  
RACE

9. BIRTHPLACE

10. OCCUPATION

11. Number of children born to  
mother, including present birth

## FATHER

(11) AGE AT LAST  
BIRTHDAY

## 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-  
tal report

(26) Witness

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

(27) Filed 3/7 1922

(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.