

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Follyor
Inc. Town ofor
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

Registration District No. 2508

File No.—For State Registrar Only

41042Registered No. 137

(For use of Local Registrar)

(2) Full Name of Child

(a) SEX OR
GUILD(b) Twin
or Triplet(c) Number in
order of birth(d) Are
Parents
Married

(e) DATE OF

BIRTH

(Month) (Day) (Year)

FATHER.

(a) FULL
NAME(b) PRESENT
POSTOFFICE
OF FATHER(c) COLOR
OR
RACE

(d) BIRTHPLACE

(e) OCCUPATION

(f) Number of children born to
mother, including present birth(1) AGE AT LAST
BIRTHDAY

(Year)

(1a) NAME BEFORE
MARRIAGE(1b) PRESENT
POSTOFFICE
OF MOTHER(1c) COLOR
OR
RACE

(1d) BIRTHPLACE

(1e) OCCUPATION

(1f) Number of children of this mother
now living, including present birth

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(29) (Signature)

(30) State whether

Physician or Midwife

(31) Address of Physician or Midwife

Given name added from a supplement-
tal report

(32) Witness

(Signature of Witness necessary only
when question 32 is signed by mark)

(33) Filed

Dec 19 23

(34)

C. F. DeBor

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is required if stillborn before the fifth month of pregnancy.