

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

25487

Township of

or

Inc. Town of

or

City of

Registration District No. 205

Registered No. 46

(For use of Local Registrar)

(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

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 June 6, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 37
(Years)

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 25
(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 born alive at 8 A.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 supplemental 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 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.