

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
OF
Inc. Town of Greenville
OF
City of Greenville

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

File No. - For State Registrar Only
153

Registration District No. 1 Registered No. 1
(No. of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child

1. BOY OR GIRL Boy 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married No
To be answered only in event of Twin or Triplet
DATE OF BIRTH 3 19 34
(Name of Month) (Day) (Year)

FATHER.
5. FULL NAME Paul Smith
6. PRESENT POSTOFFICE OF FATHER Parkville
7. COLOR OR RACE W 8. AGE AT LAST BIRTHDAY 34
9. BIRTHPLACE Missouri

MOTHER.
10. NAME BEFORE MARRIAGE Pauline Smith
11. PRESENT POSTOFFICE OF MOTHER Parkville
12. COLOR OR RACE W 13. AGE AT LAST BIRTHDAY 34
14. BIRTHPLACE Missouri

15. OCCUPATION Teacher 16. OCCUPATION Teacher
17. Number of children born to mother, including present birth 3 18. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive at Greenville, S.C., on the date above stated.

(20) (Signature) Paul Smith (21) State whether Physician or Midwife Physician (22) Address of Physician or Midwife Greenville, S.C.

(23) Have name added from a supplemental report No
(24) Witness John Smith (Signature of Witness necessary only when question 23 is signed by mark)
(25) Signed Paul Smith 19 34 (26) Local Registrar Paul Smith

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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.