

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

10091

Registered No.

(For use of Local Registrar)

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
GIRL4) Twin
or Triplet?5) Number in
order of birth

To be answered only in event of Twin or Triplets

6) Are
Parents
Married?7) DATE OF
BIRTH

(Name) (Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE

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-
al 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.