

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3305

File No. - For State Registrar Only

4626

Registered No. 70  
(For use of Local Registrar)

(No. of Ward)

(2) Full Name of Child

1. BOY OR GIRL

2. Twin or Triplet

3. Number in order of birth

4. Are Parents Married

5. DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

6. FULL NAME

7. PRESENT POSTOFFICE OF FATHER

8. COLOR OR RACE

9. AGE AT LAST BIRTHDAY

10. BIRTHPLACE

11. OCCUPATION

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

## MOTHER

13. NAME BEFORE MARRIAGE

14. PRESENT POSTOFFICE OF MOTHER

15. COLOR OR RACE

16. AGE AT LAST BIRTHDAY

17. BIRTHPLACE

18. OCCUPATION

19. 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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(Born alive or stillborn Hour A. M. or P. M.)

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

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

When there was no attending physician or midwife, the household, etc., should make this return. If a child is born stillborn, No report is desired of stillbirths.

WRITERS PLAINLY, WITH UNFAMILIAR INK—THIS IS A PRELIMINARY REPORT. IF THE CHILD IS STILLBORN, THE REPORT SHOULD BE MADE IMMEDIATELY. IF THE CHILD IS BORN ALIVE, THE REPORT SHOULD BE MADE WITHIN 24 HOURS. IF THE CHILD IS BORN ALIVE, THE REPORT SHOULD BE MADE WITHIN 24 HOURS. IF THE CHILD IS BORN ALIVE, THE REPORT SHOULD BE MADE WITHIN 24 HOURS.