

Form No. 1.

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

File No.—For State Registrar Only  
**79822**

(1) PLACE OF BIRTH

County of York

Township of Mill

or  
the Town of

or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4407

Registered No. 123

(For use of Local Registrar)

(No. 123 St. 123 Ward 123)

(2) Full Name of Child Helen Anderson

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

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

(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 at 11 P.M. (Hour A.M. or P.M.) on the date above stated.

(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)

(27) Filed

(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.