

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

City of

(City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19437

Registration District No. .... Registered No. ....

(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.)

If child is not yet named, make supplemental report as directed

## (2) Full Name of Child

3 BOY OR GIRL

4 Twin or Triplet  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Month) (Day) (Year)

MOTHER.

8 FULL NAME

FATHER

(14) NAME BEFORE MARRIAGE

9 PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

10 COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

12 BIRTHPLACE

(18) BIRTHPLACE

13 OCCUPATION

(19) OCCUPATION

21 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 ... 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 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.