

FORM NO. 1.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

57549

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

To be answered only in case of Twins or Triplets.

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

Twin or Triplet?

Number in order of birth

Are Parents Married?

DATE OF BIRTH

(Name of Month) (Day) (Year)

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

I hereby certify that I attended the birth of this child, who was

on the date above stated.

(Signature)

State whether Physician or Midwife

Address of Physician or Midwife

Witness

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

Filed

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Chas. L. Boyles

Locy Registrar

Given name added from a supplemental report

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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.

MARGIN RESERVED FOR BINDING.

WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Not law of Columbia