

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No.

File No.—For State Registrar Only

4843

Registered No.

(For use of Local Registrar)

Ward

(2) Full Name of Child

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

3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Feb. 14, 23

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(15) 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, 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 marks

(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.

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 8.

MADE IN COLUMBIA, SOUTH CAROLINA.