

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 House of Health

File No. - For State Registrar Only

3830

Registration District No. 22.00

Registered No. 25

(For use of Local Registrar)

Ward

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

1. SEX OR

CHILD

2. Title
of Father3. Number in
order of birth

To be numbered only in case of Twins or Triplets

4. Age
Parent
Married

5. DATE OF

BIRTH

Month Day Year

MYTHICAL

FATHER

6. FULL
NAME17. NAME BEFORE
MARRIAGE7. PRESENT
RESIDENCE
OF FATHER18. PRESENT
RESIDENCE
OF MOTHER10. COLOR
OF
HAIR(11) AGE AT LAST
BIRTHDAY19. COLOR
OF
HAIR17. AGE AT LAST
BIRTHDAY

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
on the date above stated.

(Born alive or stillborn)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

DATE... Feb. 25, 1923

(27)

Local Registrar

When shown to the father, householder, etc., should make
a true and correct statement of the birth of the child.When shown to the father, householder, etc., should make
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