

FORM NO. 1

(1) PLACE OF BIRTH

County of

Township of

or

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

Division of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79241

(2) Full Name of Child

Is child a

boy

or

girl?

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

(3) FULL NAME OF FATHER

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

(4) PRESENT POSTOFFICE OF FATHER

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

(5) COLOR OR RACE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

(6) BIRTHPLACE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

(7) OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

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

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF BIRTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was born on the date above stated.

Signature of Physician or Midwife
 Date of Birth
 Place of Birth

Given name added from a supplemental report

Signature of Witness
 Date of Birth
 Place of Birth

When there was an attending physician or midwife, then the father, husband, etc., should also be present. If a child breathes even once, it must not be reported as stillborn. No report is to be made of stillbirth before the fifth month of pregnancy.