

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
1585

Registration District No. 711

Registered No. 7
 (For use of Local Registrar)

(No. 7 Ward)
 If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

(2) Full Name of Child John C. Smith

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

1. BOY OR GIRL Boy
 4. Twin or Triplet? No
 5. Number in order of birth 1
 To be answered only in event of Twins or Triplets

6. Are Parents Married? Yes
 7. DATE OF BIRTH 12/15/19
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John C. Smith
 9. PRESENT POSTOFFICE OF FATHER York
 10. COLOR OR RACE White
 11. AGE AT LAST BIRTHDAY 35
 12. BIRTHPLACE York
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE John C. Smith
 15. PRESENT POSTOFFICE OF MOTHER York
 16. COLOR OR RACE White
 17. AGE AT LAST BIRTHDAY 30
 18. BIRTHPLACE York
 19. OCCUPATION Farmer

20. Number of children born to mother, including present birth 1

21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was John C. Smith on the date above stated. (Born alive or stillborn Yes Home A. M. or P. M. 12:15 P. M.)

(23) (Signature) John C. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York

(Given name added from a supplemental report)

(26) Witness John C. Smith
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/15/19 (28) John C. Smith 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.

When there is a change of name, 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.