

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. 311

File No.—For State Registrar Only

12878

Registered No. 34  
(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

1

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of Parent

(7) DATE OF BIRTH

Feb 28  
(Name of Month) (Day) (Year)

(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

## FATHER

(11) AGE AT LAST BIRTHDAY

## 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

(26) Given name added from a supplemental report

(27) Witness

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

19  
Registrar

(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.