

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX

(4) Type of Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) NAME BEFORE MARRIAGE

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR OF FATHER

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT RESIDENCE OF MOTHER

(16) COLOR OF MOTHER

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

(21) I hereby certify that I attended the birth of this child, who was

(22) 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

(28) (Signature of Witness necessary only when question 25 is answered "yes")

(29) Full Name

(30) Local Registrar

(31) When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3297

Registered No. 2  
(For use of Local Registrar)

(No. 1 - Ward)

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

(3) SEX Male	(4) Type of Triplets To be answered only in case of Triplets or Quadruplets	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH May 23 1912
(8) NAME BEFORE MARRIAGE Sam Goodwater	(9) PRESENT RESIDENCE OF FATHER 1121 Pleasant St	(10) COLOR OF FATHER Caucasian	(11) AGE AT LAST BIRTHDAY 22	(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Pressing Club	(14) NAME BEFORE MARRIAGE Mary Johnson	(15) PRESENT RESIDENCE OF MOTHER 1121 Pleasant St	(16) COLOR OF MOTHER Caucasian	(17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Charleston S.C.	(19) OCCUPATION Housewife	(20) Number of children of this mother now living, including present birth 2	(21) I hereby certify that I attended the birth of this child, who was	

(22) on the date above stated.	(23) (Signature) Mary Johnson	(24) State whether Physician or Midwife Midwife	(25) Address of Physician or Midwife Charleston S.C.
(26) Given name added from a supplemental report	(27) Witness Mary Johnson	(28) (Signature of Witness necessary only when question 25 is answered "yes")	(29) Full Name Mary Johnson
(30) Local Registrar 19	(31) When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.		

1. In case of twins or triplets use a separate blank for each child and mark as FIRST-BORN, No. 1. TWIN OTHER, No. 2, etc., in question 3.

2. In case of stillbirth, use a separate blank for each child and mark as STILLBORN, No. 1. TWIN OTHER, No. 2, etc., in question 3.

3. In case of stillbirth, use a separate blank for each child and mark as STILLBORN, No. 1. TWIN OTHER, No. 2, etc., in question 3.