

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4404

File No.—For State Registrar Only

16286

Registered No. 39  
(For use of Local Registrar)

(No. St.; Ward)

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

|  |   |                              |   |   |
|--|---|------------------------------|---|---|
| (3) BOY OR GIRL<br>Boy   | (4) Twin or Triplet<br>To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married<br>Yes  | (7) DATE OF BIRTH<br>May 20, 23<br>(Name of Month) (Day) (Year) |
| FATHER.  |   |                              | MOTHER.   |   |
| (8) FULL NAME<br>John Elwood   |   |                              | (14) NAME BEFORE MARRIAGE<br>Agile Elwood                                       |   |
| (9) PRESENT POSTOFFICE OF FATHER<br>Rock Hill SC                     |   |                              | (15) PRESENT POSTOFFICE OF MOTHER<br>Rock Hill SC                               |   |
| (10) COLOR OR RACE<br>Negro  | (11) AGE AT LAST BIRTHDAY<br>29<br>(Years)                              | (16) COLOR OR RACE<br>Negro  |   |   |
| (12) BIRTHPLACE<br>SC.   | (17) AGE AT LAST BIRTHDAY<br>28-<br>(Years)                             |                              |   |   |
| (13) OCCUPATION<br>Farm work   |   |                              | (18) OCCUPATION<br>Farm work  |   |
| (20) Number of children born to mother, including present birth<br>3 |   |                              | (21) Number of children of this mother now living, including present birth<br>3 |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

23

(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.