

(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.

2) Full Name of Child

BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

to be answered only in case of twins or triplets

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POST-OFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POST-OFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, 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

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 27 is signed by mark)

(27) Filed Jan 10 1923

(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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

1664

Registration District No. 2701

Registered No. 1

(For use of Local Registrar)

(Ward)

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