

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91949

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Marie Stutler

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE 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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE 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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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

(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.

WHEN FATHER, MOTHER, PHYSICIAN, OR MIDWIFE, SIGN THIS CERTIFICATE, THEY ARE AT THE SAME TIME MAKING A DECLARATION OF THE TRUTH OF THE STATEMENTS MADE. THIS IS A PERMANENT RECORD OF THE BIRTH OF THE CHILD, AND SHOULD BE KEPT IN A SAFE PLACE. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT THIS CERTIFICATE IS COMPLETED IN FULL, AND THAT THE INFORMATION IS CORRECT. IN CASE OF TWIN OR TRIPLET BIRTHS, A SEPARATE BLANK FORM NO. 1, THIS OTHER, NO. 2, C.G., IN QUESTION 8, MUST BE COMPLETED.

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