

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

Is second child to same father or mother?

(6) Are Parents Married?

(7) DATE OF BIRTH

(Order of Month) (Day) (Year)

(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

(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

(21) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Time: A. M. or P. M.) on the date above stated.

(22) (Signature)

(23) State of South Carolina, County of

(24) Address of Physician or Midwife

(25) Witness

(Signature of Witness necessary only when question 22 is signed by nurse)

(26) Filed

(Date)

(27) Local Registrar

(Signature)

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

Given name added from a supplemental report

Registrar

When there are no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes born once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.