

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
 Township of Richland  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 2704

File No. - For State Registrar Only  
1317

Registered No. ....  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward) ...  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

1. BOY OR GIRL?

4. Twin or Triplet

5. Number in order of birth

6. Sex

7. DATE OF

BIRTH (Name of Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER.

MOTHER.

8. FULL NAME

14. NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

15. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

18. BIRTHPLACE

13. OCCUPATION

19. OCCUPATION

20. Number of children born to mother, including present birth

21. 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 ..... 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 under oath before a competent official

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

When this report is made, the Local Registrar should make this return. If a child is stillborn, no report is desired of stillbirths