

Form No. 1

(1) PLACE OF BIRTH

County of Union  
 Township of Trans. King  
 or  
 Inc. Town of ...  
 or  
 City of ...

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

12185

Registration District No. 1000 Registered No. 5  
 (For use of Local Registrar)

(No. 84 Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Peter 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 April 15, 1920  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) 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

(Year)

(18) BIRTHPLACE

(19) OCCUPATION

(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 ... at ... 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

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(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.