

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

(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

77543

Registration District No. 2503

Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child

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

(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

(Years)

(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 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-

tal report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/28...1916

(28) Thome... Johnson

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.

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

Cav. of Columbia.