

Form No. 1

(1) PLACE OF BIRTH

County of ...

Township of ...

or
Inc. Town of...

or
City of ...

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

FATHER:

Child

Date
of
Birth

To be answered only in event of Twins or Triplets

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

3680

9
Registered No.
(For use of Local Registrar)

St. Ward)

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

MOTHER:

Yes

DATE OF

BIRTH

(Name of Month)

(Day)

(Year)

FATHER:

Benj. Nelson

PATRICK

PATRICK

Ridgeville, S.C.

COLOR
OR
RACE

Negro

AGE AT LAST
BIRTHDAY

29
(Years)

BIRTHPLACE

S.C. car.

OCCUPATION

Tanner

Number of children born to

mother, including present birth

1

Number of children of this mother

now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was

alive on the date above stated.

(25) (Signature)

(26) State where physician or midwife

is now alive or stillborn. Hour A. M. or P. M.

Ridgeville, S.C.

Gives name added from a supplemental report

(27) Physician or midwife

Local Registrar

Josephine Hayes

Local Registrar

Ridgeville, S.C.

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.

Local Registrar

Local Registrar