

FORM NO. 1.

## (1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

(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

66293

Registration District No. 11007 Registered No. 74

(For use of Local Registrar)

(No. SL; Ward)

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

## (2) Full Name of Child

(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

(14) Number of children born to mother, including present birth

## MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) 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 at York 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician Address of Physician or Midwife [Address]

Given name added from a supplemental report

(25) Witness [Signature]

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

(26) Filed July 5 1913 (27) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns during the fifth month of pregnancy.

MARGIN HERE—REMOVED FOR REVENUE. 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 5.

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