

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(2) Full Name of Child

(3) SEX 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

(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) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether a Physician or Midwife

(24) Address of Physician or Midwife

Given name added to birth record

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

(26) Signature of Local Registrar

\*When under examination, the father, household, etc., should make this return. If a child is born, the report is destroyed of child's birth.

MAILED 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.

Mo. of Columbia

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

File No.—For State Registrar Only

48418

H.S. Haester place 3 miles Hance

Registration District No. 3 Mile

Registered No. 79

(No. of St.; Ward)

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

is not yet named, make supplemental report as directed

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Signature)

State whether a Physician or Midwife

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