

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. TOWN ofor
City of

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

(2) Full Name of Child

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

Given name added below a supplemental report

(23) Witness

(Signature of witness necessary only when question is to be signed for record)

(24) Signed

(25) Date

(26)

Local Registrar

When there was no attending physician or midwife, the mother, housekeeper, etc., should make this report, and a child born at home should be reported to the local registrar.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

48385

Registered No.
(For use of local Registrar)

Registration District No. 901

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

MARGIN RESERVED FOR BINDING.
WHEN MAINLY 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.

Office of Columbia