

Form No. 1

(1) PLACE OF BIRTH

County of

Municipality of

or

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

19208

Registration District No. 4006

Registered No. 71
(For use of Local Registrar)(No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

1. SEX OR
GULJ2. TWIN
or TRIPLE3. NAME IN
order of birth4. SEX
MALE

DATE OF

BIRTH

(Name of Month) (Day) (Year)

MOTHER.

5. FULL
NAME6. PRESENT
POSTOFFICE
OF FATHER7. COLOR
OR
FACE

8. BIRTHPLACE

9. OCCUPATION

10. Number of children born to
mother, including present birth

FATHER.

11. AGE AT LAST
BIRTHDAY12. COLOR
OR
FACE

13. BIRTHPLACE

14. OCCUPATION

15. NAME BEFORE
MARRIAGE16. PRESENT
POSTOFFICE
OF MOTHER17. COLOR
OR
FACE

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
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplemen-
tal report

11/8-14-5

(25) Witness

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

(26) Filed

July 13, 1923 M. L. W. Brown
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.