

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Johnsor
Inc. Town ofor
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 Edna W. W. W.3. BOY OR
GIRL?4. Twin
or Triplet?5. Number in
order of birth6. Are
Parents
(Married?)7. DATE OF
BIRTH.....
(Name of Month) (Day) (Year)

FATHER

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE11. AGE AT LAST
BIRTHDAY.....
(Years)

12. BIRTHPLACE

13. OCCUPATION

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

MOTHER

14. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE17. AGE AT LAST
BIRTHDAY.....
(Years)

18. BIRTHPLACE

19. 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...
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

(27) Filed

(28)

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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

MADE IN COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33287

Registration District No. 702

Registered No. 78
(For use of Local Registrar)

(No. St. Ward)

(If child is not yet named, make
supplemental report and directed