

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

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

File No.—For State Registrar Only

27702

## CERTIFICATE OF BIRTH

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

Registration District No. 1107

Registered No. 77  
(For use of Local Registrar)

3 BOY OR GIRL

4 Twin or Triplet

5 Number in order of birth

6 Are Parents Married

(7) DATE OF

BIRTH (Month) (Day) (Year)

## FATHER

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

12 BIRTHPLACE

13 OCCUPATION

(11) AGE AT LAST BIRTHDAY

(Year)

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY

(Year)

20 Number of children born to mother, including present birth

(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 Alive on the date above stated. (Born alive or Stillborn)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is answered by mark)

(27) Signed

(28)

Local Registrar

(29) If 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.