

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90652

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?DATE  
BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

(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(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(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 born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Dec 25, 1916

Wm. S. Sullivan

Registrar

(26) Witness

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

(27) Filed

Dec 12, 1916

(28)

Wm. S. Sullivan

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.