

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of York

Inc. Town of .....

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

30892

Registration District No. 204Registered No. ....  
(For use of Local Registrar)St. 204 Ward(2) Full Name of Child Alice Council

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

3) BOY OR GIRL

4) Twin or triplet

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

29 Sept 22  
(Month) (Day) (Year)

## FATHER

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Esther Smith

(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 signed by mark)

(27) File Q. Sep. 30, 1922(28) Q. Sep. 30, 1922 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.

MAILED, RECORDED, INDEXED, AND FILED.

WHILE PLAINLY, WITH ENCLAVING INC.—THIS IS A PERMANENT RECORD  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.