

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12963

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.)

Ward)

(If birth occurs in a hospital or 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

1) BOY

GIRL

2) Twin

or Triplet

3) Number in

order of birth

4) Are

Parents

5) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER

6) FULL

NAME

7) PRESENT

POSTOFFICE

OF FATHER

8) COLOR

OR

RACE

9) BIRTHPLACE

10) OCCUPATION

11) AGE AT LAST

BIRTHDAY

12) Number of children born to

mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(Given name added from a supplement-  
al report)

(27) Witness

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

(28) Filed May 28, 1923

(29)

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