

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 HealthNo. — For State Registrar Only
39899

Registration District No. 16-A

Registered No. 66
(For use of Local Registrar)

(2) Full Name of Child

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

1. BOY OR GIRL

Girl

2. Twin or Triplet

To be answered only in event of Twin or Triplet

3. Number in order of birth

4. Are Parents Married

Yes

5. DATE OF BIRTH

Dec 28 1923
(Name of Month) (Day) (Year)

FATHER.

6. Full Name

7. Present Postoffice of Father

8. Color or Race

9. Birthplace

10. Occupation

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

MOTHER.

12. Name before marriage

13. Present Postoffice of Mother

14. Color or Race

15. Birthplace

16. Occupation

17. 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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 23 is signed by mark)

(27) Filed Dec 29 1923 (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.