

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18289

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

3 BOY OR GIRL?	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME			14 NAME BEFORE MARRIAGE	
9 PRESENT POSTOFFICE OF FATHER			15 PRESENT POSTOFFICE OF MOTHER	
10 COLOR OR RACE	11 AGE AT LAST BIRTHDAY (Years)		16 COLOR OR RACE	17 AGE AT LAST BIRTHDAY (Years)
12 BIRTHPLACE			18 BIRTHPLACE	
13 OCCUPATION			19 OCCUPATION	
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 at M., 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

Audriops Waterford

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1924 (28) Irene B. Laessle

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.

WHITE PRINT WITHOUT READING THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No 1 THE OTHER, No 2, etc., in question 5.