

Form No. 1

(1) PLACE OF BIRTH

County of Horry

Township of North

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

12321

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child William Davis

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

1. BOY OR GIRL Boy 2. Sex Male 3. Number in order of birth 1

To be answered only in case of Twins or Triplets

4. Are Parents Married? Yes

5. DATE OF BIRTH April 9, 1923

(Name of Month) (Day) (Year)

6. FATHER'S FULL NAME Robert Davis

7. NAME BEFORE MARRIAGE

8. PRESENT POSTOFFICE OF FATHER .....

9. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY (Year) 1

12. COLOR OR RACE

13. AGE AT LAST BIRTHDAY (Year) 1

12. BIRTHPLACE .....

14. BIRTHPLACE

13. OCCUPATION .....

15. OCCUPATION

16. Number of children born to mother, including present birth 1

17. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.