

Form No. 1

(1) PLACE OF BIRTH

County of Highland
Township of Lawson
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

22428

Registration District No. 380.3

Registered No. 191
(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 SAUL C. VIVIAN

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 <u>July 19</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE	(16) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)	(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

Given name added from a supplemental report

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

(27) Filed 19 (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.