

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR
CHILD(4) Twin
or Triplet(5) Number in
order of birth(6) Age
in years
months(7) DATE OF
BIRTH(8) FULL
NAME(9) PRESENT
RESIDENCE
OF FATHER(10) COLOR
OF
FACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE
MARRIAGE(15) PRESENT
RESIDENCE
OF MOTHER(16) COLOR
OF
FACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(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 . . . on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Signed

(28) J. C. Mays

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.