

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1304

File No. — For State Registrar Only

7271

Registered No. 22

(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.)

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

(2) Full Name of Child

(3) SEX
BOY
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married

(7) DATE OF

BIRTH 1 22 22
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

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 23
(Years)(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 22
(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 6 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplement-
al report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)19
Registrar

(27) Filed 4/13 1922

(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.