

Form No. 1

(1) PLACE OF BIRTH

County of 2
Township of 7
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

3741

Registration District No. 1906 Registered No. 17
(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

1. BOY OR GIRL	4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married	7. DATE OF BIRTH (Name of Month) (Day) (Year)
	To be answered only in event of Twin or Triplet	<u>2</u>		
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 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. C. Buckner, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
1116 1/2 1st St. S.E.

Given name added from a registration card signed
1116 1/2 1st St. S.E.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
4/20/23 (27) L. E. Fletcher
Local Registrar

When there is a discrepancy between the birth record and the report of the physician or midwife, then the father, householder, etc., should make this record. If a child is reported as stillborn. No report is desired of stillbirths after the birth month of pregnancy.