

Form No. 1

(1) PLACE OF BIRTH

County of
 Township of
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

464

Registration District No.

Registered No.

(For use of Local Registrar)

(No.)

(Sec.)

(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

(3) SEX OR
 CHILD

(4) Twin
 or Triplet

(5) Number in
 order of birth

(6) Are
 Parents
 Married?

(7) DATE OF

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

FATHER.

(8) FULL
 NAME

(9) PRESENT
 POSTOFFICE
 IF FATHER

(10) COLOR
 OR
 RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) AGE AT LAST
 BIRTHDAY

(14) NAME BEFORE
 MARRIAGE

(15) PRESENT
 POSTOFFICE
 OF MOTHER

(16) COLOR
 OR
 RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) AGE AT LAST
 BIRTHDAY

(20) Number of children born to
 mother, including present birth

(21) Number of children of this mother
 now living, including present birth

CERTIFICATION 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 M. P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

Witness

(Signature of Witness necessary only
 when question 22 is marked by check)

(26)

Local Registrar

When there was a stillbirth, the father, householder, etc. should make this return
 if a child was born. No report is desired of stillbirths
 or of pregnancy.