

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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, supplemental report and address

(3)

Sex

(4)

Twin or Triplet?

(5)

Number in order of birth

To be answered only in case of Twin or Triplets

(6)

Are Parents Married?

(7)

DATE OF BIRTH

(Name of Month) (Day) (Year)

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 born alive or stillborn at 9 a.m. on the date above stated. (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 22 is signed by mark)

(27) Filed

Dec 21 1911

(28)

B. CRAYTON

Local Registrar

Registrar

ANDERSON