

Form No. 1

(1) PLACE OF BIRTH

County of Durham

Township of 11

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.)

(2) Full Name of Child

File No.—For State Registrar Only  
**20349**

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. .... Registered No. 115

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3 BOY OR GIRL? 1 4 Twin or Triplet? 1 5 Number in order of birth 1 6 Are Parents Married? 1 7 DATE OF BIRTH 7 19 2  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

8 FULL NAME James H. Smith 14 NAME BEFORE MARRIAGE James H. Smith

9 PRESENT POSTOFFICE OF FATHER James H. Smith 15 PRESENT POSTOFFICE OF MOTHER James H. Smith

10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 7 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 7  
(Year) (Year)

12 BIRTHPLACE James H. Smith 18 BIRTHPLACE James H. Smith

13 OCCUPATION James H. Smith 19 OCCUPATION James H. Smith

20 Number of children born to mother, including present birth 1 21 Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was James H. Smith 7 19 2 11 5 11 5  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife James H. Smith

Given name added from a supplemental report

(26) Witness James H. Smith  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 11 5 11 5  
Registrar 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEGAW OF COLUMBIA, COLUMBIA, S. C.