

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

42210

Registration District No. 3613

Registered No. 100
(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

3. SEX OF CHILD

4. Twin or Triplet

5. Number in order of birth
To be answered only in case of Twin or Triplet

6. Are Parents Married

7. DATE OF BIRTH
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. BIRTHPLACE

12. OCCUPATION

(11) AGE AT LAST BIRTHDAY (Year)

MOTHER

13. NAME BEFORE MARRIAGE

14. PRESENT POSTOFFICE OF MOTHER

15. COLOR OR RACE

16. BIRTHPLACE

17. OCCUPATION

(17) AGE AT LAST BIRTHDAY (Year)

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

20. Number of children born to mother including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive or stillborn at 3 P. M. 24

(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 23 is signed by mother)

(27) Filed

Jan 10 1924

Local Registrar

If 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.