

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

612

Registration District No. 913

Registered No. 07
(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 Male	(4) Type of Infant To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at birth no	(7) DATE OF BIRTH Jan 8 - 1923 (Month) (Day) (Year)
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FATHER.

(8) FULL NAME

(9) PRESENT OCCUPATION OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT OCCUPATION OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Jan 10 1923

(27) 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.