

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

File No.—For State Registrar Only

30094

Registration District No.

Registered No.

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child William Reid

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

(3) BOY OR

GIRL

(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

OF FATHER

(10) COLOR

OR

RACE

(11) AGE AT LAST

BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to

mother, including present birth

MOTHER.

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(17) AGE AT LAST

BIRTHDAY

(Year)

(18) BIRTHPLACE

(19) OCCUPATION

(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 at M.,
on the date above stated. (Born alive or stillborn) (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 supplement-
tal report

(26) Witness

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

(27) Filed

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(28)

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.MAGAZINE OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., to question 5.
MAGAZINE OF COLUMBIA, COLUMBIA, S. C.