

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

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.

No. 10.—For State Registrar Only

674

Registered No. 5  
(For use of Local Registrar)

## (2) Full Name of Child

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

(1) SEX ON BIRTH <i>girl</i>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are French Canadian <i>no</i>	(5) DATE OF BIRTH <i>6 12 28</i> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) NAME <i>John</i>			(14) NAME <i>Martha Watkins</i>	
(7) PRESENT RESIDENCE OF FATHER <i>known</i>			(15) PRESENT RESIDENCE OF MOTHER <i>Calypso NC</i>	
(8) COLOR OR RACE	(9) AGE AT LAST BIRTHDAY (Years)	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE <i>NC</i>
(13) OCCUPATION		(16) OCCUPATION <i>house</i>		
(17) Number of children born to mother, including present birth <i>2</i>			(18) Number of children of this mother now living, including present birth <i>2</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* at *6:30 AM.* on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

(Signature of Witness not necessary when question 20 is signed by mother)

(25) Filed *2 4 28*

(26) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
Bureau of Statistics, Columbia, S. C.