

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

16042

Registration District No. H.1.0.4

Registered No. 149

(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

Mary Smith

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

BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 2, 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Smith

(9) PRESENT POSTOFFICE OF FATHER

Lindul S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Sumter County

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Wilder

(15) PRESENT POSTOFFICE OF MOTHER

Lindul S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Sumter County S.C.

(19) OCCUPATION

Field House Work

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

Two

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

at 9 P. M.

on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Barrie Lar

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lindul S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5-3-1912

(28) J. L. Broadway

19
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.