

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of St. Charles

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

Registration District No. 300

File No.—For State Registrar Only

31006Registered No. 400  
(For use of Local Registrar)

St. .... Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 20, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. K. K. K.(9) PRESENT POSTOFFICE OF FATHER X(10) COLOR OR RACE —

(11) AGE AT LAST BIRTHDAY .....

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Harris(15) PRESENT POSTOFFICE OF MOTHER St. Charles(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY .....

(Years)

(18) BIRTHPLACE SB(19) OCCUPATION Labourer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at — M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary K. K.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. Charles

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Sept 20, 22

19 .....

(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.

MARGIN RESERVED FOR BINDING.

WHEN FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.