Form No. 1

(1) PLACE OF BIRTH

County of Chester

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
12913

Registration District No. 7120 Registered No. 16
(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.)

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

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(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 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) 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 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Above name added from supplemental report

(Signature of witness necessary only if signature is not signed by name)

(26) Local Registrar.

*When there was no attendant, the birth must be reported by the parent on this return.
If a child is born