

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Dorchester

Burgess

Ridgewill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34161

Registration District No. 1700

Registered No. 13
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Geo. Thomas

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 17 22

(Name of Month) (Day) (Year)

(8) FULL NAME

Geo. Thomas

(9) PRESENT POSTOFFICE OF FATHER

Ridgewill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40

(Year)

(12) BIRTHPLACE

S.C. car.

(13) OCCUPATION

Laborer

(14) NAME BEFORE MARRIAGE

Malissa Rivers

(15) PRESENT POSTOFFICE OF MOTHER

Ridgewill

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

35

(Year)

(18) BIRTHPLACE

S.C. car.

(19) OCCUPATION

Domestic

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

5

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 10 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. V. Ackerman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Ridgewill

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 9 23

(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 FILING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.