

Form No. 3

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

17923

County of \_\_\_\_\_

Township of \_\_\_\_\_

or

Loc. Town of \_\_\_\_\_

or

(City of \_\_\_\_\_)

Registration District No. \_\_\_\_\_

Registered No. 56

(For use of Local Registrar)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

(2) Full Name of Child Gene Fudges

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH \_\_\_\_\_

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## 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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

(23) (Signature) Halley F. F. F.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

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(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 28th month of pregnancy.