

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

File No. — For State Registrar Only

17468

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1700

Registered No. 27  
(For use of Local Registrar)

(3) Sex of Child

(4) Twin or Triplet

(5) Number in order of birth  
To be answered only in event of Twin or Triplet

(6) Are Parent Married

(7) DATE OF BIRTH  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

## FATHER

Daniel Miller

Ridgville, S.C.

Negro (11) AGE AT LAST BIRTHDAY 29 (Year)

So. Car.

Farmer

1

## MOTHER

(14) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(16) BIRTHPLACE

(15) OCCUPATION

(17) AGE AT LAST BIRTHDAY 18 (Year)

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

Lucile Ray

Ridgville, S.C.

Negro (17) AGE AT LAST BIRTHDAY 18 (Year)

So. Car.

Domestic

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered)

(27) Date

(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.