

FORM NO. 3.

(1) PLACE OF BIRTH
County of Richland
Township of Upper
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79020

Registration District No. 3804a Registered No. 23
(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. Frances Brennan

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 25 1916
(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME Henry Brennan
(5) PRESENT POSTOFFICE OF FATHER Columbia St.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Richland, S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Evelyn Green
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE
(19) OCCUPATION Farmer

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

(21) 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 born at 25-1916 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife P.O. Box 68

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 9 1916 (28) C. M. Taylor 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.