

Form No. 3

## (1) PLACE OF BIRTH

County of DorchesterTownship of Burris

or

Inc. Town of Ridgewille

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34162

Registration District No. 1700Registered No. 64

(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 Beth Hayne

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Oct 1 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac Hayne(9) PRESENT POSTOFFICE OF FATHER Ridgewille(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S. Car.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Capers(15) PRESENT POSTOFFICE OF MOTHER Ridgewille(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S. Car.(19) OCCUPATION Domestic(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 on the date above stated. (Born alive or stillborn) (How? A. M. or P. M.)(23) (Signature) Louvenia Clark(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ridgewille

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 23 is answered) Oct 15 22(27) Filed Oct 15 22 (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 BINDING.

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.