

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

Rocky Hill
Rocky Hill
Ridgville

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

File No. — For State Registrar Only

17454

Registration District No. *1700*Registered No. *19*
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Clark

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

(1) <i>Carl</i>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Sex <i>Yes</i>	(7) DATE OF BIRTH <i>Mar 20 29</i> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <i>Herbert Clark</i>	(14) NAME BEFORE MARRIAGE <i>Core Hilliard</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Jedburg, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Jedburg, S.C.</i>	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>75</i> (Year)
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Year)	(12) BIRTHPLACE <i>S. Car.</i>	(13) BIRTHPLACE <i>S. Car.</i>	(18) OCCUPATION <i>Labourer</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born on the date above stated.

(23) (Signature)

(24) State

Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

(Signature of Witness necessary only when question 23 is not asked)

(27) Date

Local Registrar

Give name added from a supplemental report

19
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.