

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Worcester
Burris
Ridgville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

34140

Registered No.

(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

David E. Throver

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

(3) BOY

GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Yes
Mar 18 22

FATHER

(8) FULL NAME

David E. Throver

(9) PRESENT POSTOFFICE OF FATHER

Ridgville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
 (Years)

(12) BIRTHPLACE

S. Car.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Laughan

(15) PRESENT POSTOFFICE OF MOTHER

Ridgville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
 (Years)

(18) BIRTHPLACE

S. Car.

(19) OCCUPATION

Domestic

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

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was

alive
R. D. Acherman
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician
Ridgville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness when question 23 is answered)

(27) File

(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.

MADE BY COLUMBIA, COLUMBIA, S. C.