

Form No. 3

1. PLACE OF BIRTH County of <u>Dorchester</u> Township of <u>Lindano</u> or Inc. Town of <u>Dorchester</u> or City of _____ (No. _____ St. _____)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>1704</u>		FILE No.—For State Use <u>20791-</u>
2. FULL NAME OF CHILD <u>Robert Pinkney Madray</u>		Registered No. _____ (For use of Local Health Officer)		
3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>one</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 12, 1943</u> (Name of Month) (Day) (Year)
FATHER 8. FULL NAME <u>Charlie J. Madray</u> 9. PRESENT POSTOFFICE OF FATHER <u>Dorchester S.C.</u> 10. <u>_____</u> 11. <u>_____</u> 12. <u>_____</u> 13. OCCUPATION <u>labor work</u> 14. Number of children born to mother, including present birth <u>1 child</u>		MOTHER 15. NAME BEFORE MARRIAGE <u>Mamie Skeels</u> 16. PRESENT POSTOFFICE OF MOTHER <u>Dorchester S.C.</u> 17. <u>_____</u> 18. <u>_____</u> 19. OCCUPATION <u>Housewife</u> 20. Number of children of this mother now living, including present birth <u>1 child</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> 22. I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.) 23. Signature <u>Freddie Moultrie</u> 24. State whether Physician or Midwife <u>Midwife</u> 25. Address of Physician or Midwife <u>_____</u>				
Given name added from a supplemental report _____ 19____ Registrar		26. Witness _____ (Signature of Witness necessary only when question 22 is signed by mark) 27. Filed _____ 19____ 28. Local _____		

\*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.