

Form No. 3

(1) PLACE OF BIRTH

County Orangeburg
Township of City
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
479

Registration District No. 36

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

(No. Boy)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

7) BOY OR GIRL Boy 8) Twin or Triplet No 9) Number in order of birth 1 10) Are Parents Married Yes 11) DATE OF BIRTH Feb 25 1953
(Name of Month) (Day) (Year)

FATHER.
12) FULL NAME David James
13) PRESENT POSTOFFICE OF FATHER City S.C.
14) COLOR OR RACE Col 15) AGE AT LAST BIRTHDAY 45 (Years)
16) BIRTHPLACE City S.C.
17) OCCUPATION Housewife
18) Number of children born to mother, including present birth 1

MOTHER.
19) NAME BEFORE MARRIAGE Active Valley
20) PRESENT POSTOFFICE OF MOTHER City S.C.
21) COLOR OR RACE Col 22) AGE AT LAST BIRTHDAY 27 (Years)
23) BIRTHPLACE City S.C.
24) OCCUPATION Housewife
25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(27) (Signature) [Signature] (28) State whether Physician or Midwife Physician (29) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(30) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(31) Filled 2 1953 (32) 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.