

FORM NO. 3 SURVIVOR'S REPORT FOR BIRTHS  
 WAIVE CLAIM, WITH UNPAID FEE—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 N. No. 1. THE OTHERS, No. 2, etc., in question 5.  
 City of Columbia

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston S. C. No. 168 Community

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

File No.—For State Registrar Only  
71730

Registration District No. 9A Registered No. 8574  
(For use of Local Registrar)  
 St.; 0 Wavd  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 21 1914</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Fred Brown  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Driver  
 (20) Number of children born to mother, including present birth } 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sadie Small  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION maid  
 (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 born at 4 o'clock p.m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philippa Twine  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 8 Montague St

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 8/22 1914 (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 child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.