

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

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

(2) Full Name of Child

(3) Sex  
Boy(4) Twin  
or Triplet  
To be answered only in case of Twin or Triplet(5) Number in  
order of birth(6) Age  
in years(7) DATE OF  
BIRTH June 2 29  
(Name of Month) (Day) (Year)(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Martha Green

(22) State whether Physician or Midwife

midwife

(23) Address of Physician or Midwife

Ridgville S.C.Given name added from a supplement-  
tal report

(24) Witness

(Signature of Witness necessary only  
when question 23 is signed by parent)(25) June 7 29(26) G. A. P. Johnston

(27) 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.