

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

No. for State Registrar Only

17467

Registered No. 26
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 1700

(No. of Ward)

St. Ward

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

(3) Sex Boy	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of Birth	(6) Birth Marking Yes	(7) DATE OF BIRTH (Name of Month) (Day) (Year) June 2 29
FATHER.		MOTHER.		
(8) FULL NAME Stephen Pryor	(14) NAME BEFORE MARRIAGE Angie Lee Turner			
(9) PRESENT POSTOFFICE OF FATHER Ridgville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Ridgville			
(10) COLOR OR RACE negro	(11) AGE AT LAST BIRTHDAY 24	(16) COLOR OR RACE negro	(17) AGE AT LAST BIRTHDAY 21	
(12) BIRTHPLACE So. Car.	(18) BIRTHPLACE So. Car.			
(13) OCCUPATION Labour	(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 2			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)(23) (Signature) Martha Green (24) Status, whether Physician or Midwife (25) Address of Physician or Midwife
midwife | Ridgville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by parent)

(27) June 7 29

(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.