

Form No. 3

**(1) PLACE OF BIRTH**

County of Cherokee  
 Township of C. S. Hooper  
 or  
 Inc. Town of .....

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

No. for State Registrar Only  
**22012**

Registration District No. 35 Registered No. 21  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** Lawrence Eugene (If child is not yet named, make supplemental report as directed)

(3) <b>BOY OR GIRL</b>	(4) <b>Type or Triplet</b> To be answered only in event of Twins or Triplets	(5) <b>Number in order of birth</b>	(6) <b>Age at Birth</b> Marked	(7) <b>DATE OF BIRTH</b> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) <b>FULL NAME</b>	(9) <b>PRESENT POSTOFFICE OF FATHER</b>	(10) <b>COLOR OR RACE</b>	(11) <b>AGE AT LAST BIRTHDAY</b> (Year)	(12) <b>NAME BEFORE MARRIAGE</b>
(13) <b>BIRTHPLACE</b>	(14) <b>OCCUPATION</b>	(15) <b>BIRTHPLACE</b>	(16) <b>OCCUPATION</b>	(17) <b>AGE AT LAST BIRTHDAY</b> (Year)
(18) <b>Number of children born to mother, including present birth</b>	(19) <b>Number of children of this mother now living, including present birth</b>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(21) (Signature)

(22) State whether

Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

(24) Witness

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

(25) Filed

19 .....

(26) 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.