

Form No. 3

(1) PLACE OF BIRTH

County of LeeTownship of Richor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3003

File No. - For State Registrar Only

4461

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married	7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME			14) NAME BEFORE MARRIAGE	
9) PRESENT POSTOFFICE OF FATHER			15) PRESENT POSTOFFICE OF MOTHER	
10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	
12) BIRTHPLACE			18) BIRTHPLACE	
13) OCCUPATION			19) OCCUPATION	
20) Number of children born to mother, including present birth			21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb. 28, 1923

(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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REMARKS: REMARKS FOR BENDING.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.