

Form No. 3

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

File No.—For State Registrar Only

42517

(1) PLACE OF BIRTH

County of Strom

Township of

or

Inc. Town of

or

City of # 3Registration District No. 2102Registered No. 71
(For use of Local Registrar)(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

Lucies Spark

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

3. BOY OR GIRL? Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

Dec 20 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Willie Spark

9. PRESENT POSTOFFICE OF FATHER

Strom S.C.

10. COLOR OR RACE

Col

11. AGE AT LAST BIRTHDAY

25
(Years)

12. BIRTHPLACE

A.C.

13. OCCUPATION

Laborer

14. Number of children born to mother, including present birth

2

MOTHER.

14. NAME BEFORE MARRIAGE

Elizabeth Spark

15. PRESENT POSTOFFICE OF MOTHER

Strom S.C.

16. COLOR OR RACE

Col

17. AGE AT LAST BIRTHDAY

20
(Years)

18. BIRTHPLACE

A.C.

19. OCCUPATION

House work

20. 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 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Catherine Rhue

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 19 22

(28)

Mrs. R. F. King
Local Registrar

19

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.