

Form No. 3

## (1) PLACE OF BIRTH

County of Lumpkin  
 Township of Bellevue  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43519

Registration District No. 3107

Registered No. 80  
(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 7, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Garnie Scofield  
 (9) PRESENT POSTOFFICE OF FATHER Gilbert S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE S.C.

## (13) OCCUPATION

Gardener

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Eddie Price  
 (15) PRESENT POSTOFFICE OF MOTHER Gilbert S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE S.C.

## (19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) P. A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

5th Floor

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.