

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 205

No. for State Registrar Only
3445Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

not name

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

(3) BOY OR GIRL
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
yes(7) DATE OF BIRTH
Jan 28 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
J. J. Rollings(9) PRESENT POSTOFFICE OF FATHER
Mt. Croghan S.C.(10) COLOR OR RACE
white(11) AGE AT LAST BIRTHDAY
34 (Year)(12) BIRTHPLACE
S.C.(13) OCCUPATION
Farming(20) Number of children born to mother, including present birth
4

MOTHER.

(14) NAME BEFORE MARRIAGE
Hattie Gibson(15) PRESENT POSTOFFICE OF MOTHER
Mt. Croghan S.C.(16) COLOR OR RACE
white(17) AGE AT LAST BIRTHDAY
20 (Year)(18) BIRTHPLACE
S.C.(19) OCCUPATION
House work(21) Number of children of this mother now living, including present birth
4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born about 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
Lewis H. Gaskins(24) State whether Physician or Midwife
Phys.(25) Address of Physician or Midwife
Mt. Croghan S.C.

(Given name added from a supplemental report)

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)19
Registrar

(27) Filed

(28) 19
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.

WRITE 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.

Bureau of Vital Statistics, Columbia, S. C.