

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

File No.—For State Registrar Only

4462

Registration District No. .... Registered No. ....

(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

1) 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 (Year)			
12) BIRTHPLACE				16) COLOR OR RACE
13) OCCUPATION				17) AGE AT LAST BIRTHDAY (Year)
				18) BIRTHPLACE
				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 23 is signed by mark)

(27) Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths at the end of pregnancy.

WRITES PLAINLY, WITH SPACING. 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.

Office of Registrar, Columbia, S. C.