

Form No. 3

## (1) PLACE OF BIRTH

County of **Dorchester**.....Township of **Koger**.....

Inc. Town of.....

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. **1705**... Registered No. **37**.....

(For use of Local Registrar)

(2) Full Name of Child **Alyce Berry**

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

3. BOY OR GIRL **boy** (4) Twin or Triplet **I** (5) Number in order of birth **2** (6) Are Parents Married **yes** (7) DATE OF BIRTH **June 21, 1923**  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **W.C. Berry**(9) PRESENT POSTOFFICE OF FATHER **Reevesville S.C.**(10) COLOR OR RACE **white** (11) AGE AT LAST BIRTHDAY **23** (Year)(12) BIRTHPLACE **S.C.**(13) OCCUPATION **Tanner**(14) Number of children born to mother, including present birth **2**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Carrie Lee Hutto**(15) PRESENT POSTOFFICE OF MOTHER **Reevesville S.C.**(16) COLOR OR RACE **white** (17) AGE AT LAST BIRTHDAY **20** (Year)(18) BIRTHPLACE **S.C.**(19) OCCUPATION **Housewife**(20) Number of children of this mother now living, including present birth **2**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born **alive** at **7 A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *A.M. Berry*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

**Grand father of Child Reevesville S.C.**

Give name added from a supplemental report

(25) Witness

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

(26) Filed **7-9-23** 19

(27) 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.