

Form No. 3

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. - for State Registrar Only

40266

Registered No.

(For use of Local Registrar)

(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. SEX Boy	4. Type or Triplet To be answered only in out of Twins or Triplets	5. Number in order of birth	6. Are Parents Married	7. DATE OF BIRTH (Name of Month) (Day) (Year)
8. FATHER Full Name Chas Mason			9. MOTHER Full Name Lucie Cannon	
10. PRESENT POSTOFFICE OF FATHER Flr			11. PRESENT POSTOFFICE OF MOTHER Do	
12. COLOR OR RACE W	13. AGE AT LAST BIRTHDAY (Years)	14. COLOR OR RACE W		
15. BIRTHPLACE Flr G	16. AGE AT LAST BIRTHDAY (Years)	17. BIRTHPLACE Flr G		
18. OCCUPATION Fmr			19. OCCUPATION Dom	
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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-  
tal report)

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)

(27) Filed Jan. 12, 1924

(28) P. H. Prichard, Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
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.