

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
or  
City of(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. *Elizabeth Warren* { If child is not yet named, make supplemental report as directed(3) ~~Boy~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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 *Alma*, at *4* ..... *am* .....  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *James M. M. M.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give a name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed *2*.....*19*.....191.....

(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 must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

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.

McGraw-Hill Co., New York, N. Y.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50671

Registration District No. *4301* Registered No. ....  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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