

Form No. 3

(1) PLACE OF BIRTH

County

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. for this registration
791

Registration District No. 1407

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

(a) SEX OF CHILD <i>Male</i>	(b) AGE OF CHILD In years and months <i>0 0</i>	(c) DATE OF BIRTH Month and day <i>Jan 5 1933</i>	(d) TIME OF BIRTH Hour and minute <i>5 30</i>
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FATHER

(a) NAME OF FATHER
Samuel Linkum(b) RESIDENCE OF FATHER
Green Pond St.(c) COLOR OF FATHER
Negro(d) OCCUPATION OF FATHER
Boatman(e) OCCUPATION OF FATHER
B. B. Laborer(f) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT ONE
1 3

MOTHER

(a) NAME OF MOTHER
Senie Linkum(b) RESIDENCE OF MOTHER
Green Pond St.(c) COLOR OF MOTHER
Negro(d) OCCUPATION OF MOTHER
State 2 F. W.(e) OCCUPATION OF MOTHER
Housewife(f) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE
1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *black* on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)(24) (Signature) *L. J. L. L.*(25) Date whether Physician or Midwife *Midwife*(26) Address of Physician or Midwife *Green Pond St.*

Given name added from a supplemental report

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

(28) Date *Jan 5 1933*(29) Signature of Registrar *B. S. L. L.*

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once. It must not be reported as stillborn. No report is needed if a child is born before the fifth month of pregnancy.