

Form No. 3

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hilton Head
 or Danfuskie
 Town of Ireland
 or Ireland
 City of Ireland

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6611

Registration District No. 606 Registered No. 4
 (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.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Marianne Tripp

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 1 1902
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Tripp
 (9) PRESENT POSTOFFICE OF FATHER Danfuskie
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE Beaufort County
 (13) OCCUPATION Boatman

MOTHER.

(14) NAME BEFORE MARRIAGE Surie Miller
 (15) PRESENT POSTOFFICE OF MOTHER Danfuskie Isl de
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32
 (Year) (18) BIRTHPLACE Danfuskie Isl de
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 8:00 P.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Susan Lloyd
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Danfuskie Isl

Given name added from a supplemental report

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

(26) Filed Mar 16 1902 (27) J. W. White
 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.