

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

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

File No.—For State Registrar Only

17420

Registration District No. 1700

Registered No. 29

(For use of Local Registrar)

(3) SEX

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Month of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(15) BIRTHPLACE

(16) OCCUPATION

(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

(Born alive or stillborn) (Under A. M. or M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

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

(27) Date

(28) Local Registrar

19 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.

F E T Y A F I L M