

Form No. 3

## (1) PLACE OF BIRTH

County of WallerTownship of AttalaInc. Town of AttalaCity of Attala

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1606

File No. - For State Registrar Only

3665

Registered No. 20  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1-4-23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>W. H. Jones</u>			(14) NAME BEFORE MARRIAGE <u>Barrie Howard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Attala</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Attala</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>Kingstree, SC</u>			(18) BIRTHPLACE <u>Attala</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/17/23 to 23

(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.