

Form No. 3

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of Greenville

or

City of Greenville

(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. 20-ARegistered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

1) Sex of Child  
Boy2) Twin or Triplet  
No3) Number in order of birth  
14) Date of Birth  
7/17/235) DATE OF BIRTH  
(Name of Month) (Day) (Year)6) FULL NAME OF FATHER  
G. Masco7) PRESENT POSTOFFICE OF FATHER  
USN8) COLOR OR RACE  
LO9) BIRTHPLACE  
USN10) OCCUPATION  
USA Pharmacist11) Number of children born to mother, including present birth  
112) FULL NAME OF MOTHER  
Margaret Lee13) PRESENT POSTOFFICE OF MOTHER  
OK14) COLOR OR RACE  
W15) BIRTHPLACE  
USN16) OCCUPATION  
Don17) Number of children of this mother now living, including present birth  
1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)  
OK Smith

(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 9-15-23 (28) P. H. Brichau

19 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.