

Form No. 3

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3446

Registration District No. 1205

Registered No. 5  
(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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb 11 1923

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wilson Cropper

(9) PRESENT POSTOFFICE OF FATHER

Mt. Croghan S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

16

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Croghan S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(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

19

(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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Be Careful of Columns, Columns, B. C.