

Form No. 3

## (1) PLACE OF BIRTH

County of Rowan NC

Township of .....

In 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

3780

Registration District No. 20 A Registered No. 534  
(For use of Local Registrar)(No. SD 1000 St.; ..... Ward)  
(Name of street and number)(2) Full Name of Child Elizabeth D. Dyer Child is not yet named, make supplemental report as directed3. Sex Female 4. Date of Birth July 23  
5. Number in order of birth .....  
To be answered only in event of Twin or Triplet6. Full Name of Father W. H. Dyer7. Present Postoffice of Father Rowan8. Color or Race LD (11) Age at Last Birthday 39  
12. Birthplace Rowan NC13. Occupation Lawyer14. Number of children born to mother, including present birth 510. Age of Mother 42 11. Date of Birth July 23  
(Name of Month) (Day) (Year)14. Name before Marriage Mrs. Cornington15. Present Postoffice of Mother Rowan16. Color or Race W 17. Age at Last Birthday 46  
18. Birthplace NC19. Occupation Lawyer20. Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour) (Day) (Month)(23) (Signature) J. H. Dyer (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Rowan NC

Give name added from a supplemental report

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

(27) Date July 6 1923 (28) P. H. Trucham Local Registrar

When there was no physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.