

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

City of

(No. of St.; Ward)
If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

(2) Full Name of Child

(3) Sex

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE

(8) BIRTH

(9) (Name of Month) (Day) (Year)

(10) To be answered only in case of Twin or Triplet

(11) NAME BEFORE MARRIAGE

(12) PRESENT POSTOFFICE OF MOTHER

(13) COLOR OR RACE

(14) AGE AT LAST BIRTHDAY

(15) BIRTHPLACE

(16) OCCUPATION

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

(18) I hereby certify that I attended the birth of this child, who was

(19) on the date above stated.

(20) (Signature)

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

(23) Witness

(24) (Signature of Witness necessary when question 23 is asked)

(25) DATE

(26) Local Registrar

(27) Registrar

(28) 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

17452

Registered No. 11

For use of Local Registrar

(2) Full Name of Child

(3) Sex

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE

(8) BIRTH

(9) (Name of Month) (Day) (Year)

(10) To be answered only in case of Twin or Triplet

(11) NAME BEFORE MARRIAGE

(12) PRESENT POSTOFFICE OF MOTHER

(13) COLOR OR RACE

(14) AGE AT LAST BIRTHDAY

(15) BIRTHPLACE

(16) OCCUPATION

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

(18) I hereby certify that I attended the birth of this child, who was

(19) on the date above stated.

(20) (Signature)

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

(23) Witness

(24) (Signature of Witness necessary when question 23 is asked)

(25) DATE

(26) Local Registrar

(27) Registrar

(28) 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.

FATHER

(1) FULL NAME

(2) PRESENT POSTOFFICE OF FATHER

(3) COLOR OR RACE

(4) BIRTHPLACE

(5) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(7) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(8) (Signature)

(9) State whether Physician or Midwife

(10) Address of Physician or Midwife

(11) Given name added from a supplemental report

(12) Witness

(13) (Signature of Witness necessary when question 23 is asked)

(14) DATE

(15) Local Registrar

(16) Registrar

(17) 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.