

11/5/45

Form No. 3

16 093539

## 1. PLACE OF BIRTH

## CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

00047

County of Dorchester

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of Dorchester

State Board of Health

or  
Inc. Town of .....Registration District No. 1702

Registered No. ....

(For use of Local Registrar)

City of .....

(No. .... 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 Victor William Buck

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

3. Boy or Girl

4. Twin or

5. Number in order

6. Are Parents

7. Date of

BoyTriplet? ..... of birth .....  
To be answered only in event of Twins or TripletsMarried YesBirth October 23, 1946  
(Name of Month) (Day) (Year)

## FATHER

## MOTHER

8. Full name

James B. Buck

14. Name before marriage

Marie Ruth Grooms

9. Address at child's birth

15. Address at child's birth

10. Color or race

White

11. Age at child's birth

21  
(Years)

16. Color or race

White

17. Age at child's birth

20  
(Years)

12. Birthplace

Dorchester SC RT

18. Birthplace

Dorchester SC RT

13. Occupation

Carpenter

19. Occupation

Housewife

20. Number of children born to mother, including present birth

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at 2:45 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. Signature Elias D. Jumper

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Give name added from a supplemental report

26. Witness .....

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

....., 19.....

27. Filed 11/15, 194628. Thos. D. Jumper

Local Registrar.

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.