

11/5/45

Form No. 3

16 093539

1. PLACE OF BIRTH

County of DorchesterTownship of Dorchester

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1702

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar Only

00047

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Victor William Buck

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

3. Boy or Girl <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. Date of Birth <u>October 23, 1916</u> (Name of Month) (Day) (Year)
8. Full name <u>James B. Buck</u>		14. Name before marriage <u>Marie Ruth Grooms</u>		
9. Address at child's birth <u>Sumnerwell Court</u>		15. Address at child's birth <u>Sumnerwell Court</u>		
10. Color or race <u>White</u>	11. Age at child's birth <u>21</u> (Years)	16. Color or race <u>White</u>	17. Age at child's birth <u>20</u> (Years)	
12. Birthplace <u>Sumnerwell Court</u>		18. Birthplace <u>Sumnerwell Court</u>		
13. Occupation <u>Carpenter</u>		19. Occupation <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>2</u>		21. Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 2:9 P.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)

27. Filed 11/15, 194528. Thos. D. Lassagne
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.