

Form No. 3

(1) PLACE OF BIRTH

County of OrangeTownship of Orangeor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 177

File No.—For State Registrar Only

22013

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

(a) BOY OR GIRL	(b) Twin or Triplet To be answered only in event of Twin or Triplet	(c) Number in order of birth	(d) Are Parents Married?	(e) DATE OF BIRTH (Month) (Day) (Year)
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FATHER.		MOTHER.	
(6) FULL NAME	(14) NAME BEFORE MARRIAGE	(12) PRESENT POSTOFFICE OF MOTHER	(17) AGE AT LAST BIRTHDAY (Year)
(7) PRESENT POSTOFFICE OF FATHER	(15) COLOR OR RACE	(18) BIRTHPLACE	(19) OCCUPATION
(10) COLOR OR RACE	(21) Number of children of this mother now living, including present birth		
(11) AGE AT LAST BIRTHDAY (Year)			
(13) BIRTHPLACE			
(16) OCCUPATION			

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
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 Aug 1 1913 (28) W. H. Hunt 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.