

Form No. 3

1. PLACE OF BIRTH

County of GreeneTownship of _____
orInc. Town of _____
orCity 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

FILE No.—For State Registrar Only

3502

Registration District No. 20-A Registered No. 371
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

2. Full Name of Child _____ (If child is not yet named, make supplemental report as directed.)

1. BOY OR GIRL? inf

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

Nov. 27 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

See Kernel

9. PRESENT POSTOFFICE OF FATHER

Greene

10. COLOR OR RACE

Col.11. AGE AT LAST BIRTHDAY 32
(Years)

12. BIRTHPLACE

Barnes Co. N.C.

13. OCCUPATION

in home for living20. Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at _____ on the date above stated.23. Signature Rachel Hark24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife new life

Given name added from a supplemental report

26. Witness

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

27. Filed 12-319 2328. P.H. BrighamLocal Registrar19 _____
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.