

Form No. 3

1. PLACE OF BIRTH

County of Shenandoah

Township of _____

or
Inc. Town of _____or
City of _____

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 _____)

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

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 Kennel

9. PRESENT POSTOFFICE OF FATHER

Shenandoah

10. COLOR OR RACE

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

12. BIRTHPLACE

Baltimore, Md.

13. OCCUPATION

has been for long

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

2

MOTHER

14. NAME BEFORE MARRIAGE

Pearl Kennel

15. PRESENT POSTOFFICE OF MOTHER

Shenandoah

16. COLOR OR RACE

Col.17. AGE AT LAST BIRTHDAY 26
(Years)

18. BIRTHPLACE

Baltimore, Md.

19. OCCUPATION

has been21. 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 alive at _____ on the date above stated.

23. Signature

Rachel Hark

24. State whether Physician or Midwife : 25. Address of Physician or Midwife

midwife

Given name added from a supplemental report

26. Witness

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

27. Filed 12-3192328. P.H. Brigham

Local Registrar

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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 REPORT FOR EACH CHILD, and mark the FIRST BORN, NO. 1. THE OTHER, NO. 2, etc., in question 3.