

Form No. 3

(1) PLACE OF BIRTH

County of TaunfieldTownship of 130or
Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
18515

Registration District No. 1912 Registered No. 11
 (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 Eugenia Soliver If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ☒ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 24, 1922
 (Name of Month (Day) (Year))
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Soliver
 (15) PRESENT POSTOFFICE OF MOTHER Blains S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years) 36
 (18) BIRTHPLACE Taunfield Co.
 (19) OCCUPATION Sanhelp
 (21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara Colburn

(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 June 24, 1922 (28) H. E. Deffenus 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.