

Form No. 3

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Williamsburg
 or
 City of Williamsburg

CERTIFICATE OF BIRTH

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

No. 3843 — For State Registrar Only

Registration District No. 200 Registered No. 7
 (For use of Local Registrar)

St. Ward
 (No. St. instead of street and number.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

3 SEX <u>Boy</u>	4 Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE BIRTH <u>Feb 1</u> 19 <u>23</u> (Month) (Day) (Year)
8 FULL NAME <u>Kelly Johnson</u>			MOTHER.	
9 PRESENT POSTOFFICE OF FATHER <u>Williamsburg RD #2</u>			14 NAME BEFORE MARRIAGE <u>Lena M. Green</u>	
10 COLOR OR RACE <u>White</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Williamsburg RD #2</u>	
11 BIRTHPLACE <u>Williamsburg</u>			16 COLOR OR RACE <u>White</u>	
12 OCCUPATION <u>Farmer</u>			17 AGE AT LAST BIRTHDAY <u>24</u> (Year)	
13 Number of children born to mother, including present birth <u>2</u>			18 BIRTHPLACE <u>Williamsburg</u>	
			19 OCCUPATION <u>Housewife</u>	
			20 Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Date, month, or Y. M.)
 on the date above stated.
 (22) (Signature) [Signature]
 (23) State whether Physician or Midwife Physician

Given name added from a supplemental report
 (24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (25) Signed [Signature] (26) 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 be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.