

Form No. 3

(1) PLACE OF BIRTH

County

Township of

or

City of

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

(2) Full Name of Child

(3) SEX

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

(21) Number of children of this mother now living, including present birth

(22) I hereby certify that I attended the birth of this child, who was

(23) (Signature)

(24) Name, whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

(27) Local Registrar

(28) Signature of Witness necessary when question 22 is answered

(29) Date

(30) Date

(31) Date

(32) Date

(33) Date

(34) Date

(35) Date

(36) Date

(37) Date

(38) Date

(39) Date

(40) Date

(41) Date

(42) Date

(43) Date

(44) Date

(45) Date

(46) Date

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17453

Registered No. 12  
(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed

Supplemental report as directed

Supplemental report as directed

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Given name added from a supplemental report

19 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.