

Form No. 3

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 or  
 Inc. Town of Charleston  
 or  
 City of Charleston

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3791

Registration District No. 20-ARegistered No. 60  
(For use of Local Registrar)(No. 11 St. St. Ward)City of Charleston (No. 11 St. 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 Julius Holmes

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

3. SEX OR CHILD	4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married	7. DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME			14. NAME BEFORE MARRIAGE	
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER	
10. COLOR OR RACE	(11) AGE AT LAST BIRTHDAY		16. COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
12. BIRTHPLACE	(Year)		18. BIRTHPLACE	(Year)
13. OCCUPATION			19. OCCUPATION	
20. Number of children born to mother, including present birth			21. Number of children of this mother now living, including present birth	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Julius Holmes at 3/30 at 3/30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julius Holmes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 2-8-23

(28)

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.