

Form No. 3

PLACE OF BIRTH

County of ChesterfieldTownship of P. M. Allenor
City ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41725

Registration District No. 1208 Registered No.
(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.)

Full Name of Child Rebecca Burns { If child is not yet named, make supplemental report as directed

KEY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>Twins</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct 14</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

FILL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth14

MOTHER.

(14) NAME BEFORE
MARRIAGERebecca Burns(15) PRESENT
POSTOFFICE
OF MOTHERCheraw, R. 2(16) COLOR
OR
RACEnegro(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

Chesterfield Co.

(19) OCCUPATION

Farm house work.(21) Number of children of this mother
now living, including present birth13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vern Jones

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cheraw, R. 2

(26) Witness

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

(27) Filed

19

(28)

N. A. Matheson

Local Registrar.

19
RegistrarIf 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.