

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Department of Health
State Board of Health

0011

Birth of
Child of
...

Registration District No. **70.3**

Vol. **6**
 Registration No. **1**
 (For use of Local Registrar)

Sex of **...** (No. **...** (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child **Bessie Thrice** If child is not yet named, make appropriate report as directed

Sex of **...** (If child is not yet named, make appropriate report as directed)

FATHER.
 Name **Jacob Thrice**
 Residence **Beaufort SC**
 Color **Colored**
 Occupation **South Car Farmer**
 Number of children born to father, including present child **3**

MOTHER.
 Name **Sally Thrice**
 Residence **Beaufort SC**
 Color **Colored**
 Occupation **South Car Farming**
 Number of children of the mother born living, including present child **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child who was **Bessie Thrice** on the date above stated. (Hour A. M. or P. M.)

(Signature) **Bessie Thrice** (Signature of Physician or Midwife) **...**

...