

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2. A. A

File No. - For State Registrar Only

3801

Registered No. 10

(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.)

(2) Full Name of Child Bessie Scott

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

(3) SEX OF CHILD

Male

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age of Person Married

Yes

(7) DATE OF BIRTH

Oct 11 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Bessie Scott

(9) PRESENT POSTOFFICE OF FATHER

F. L. Scott S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

F. L. Scott S.C.

(13) OCCUPATION

Public Works

MOTHER

(14) NAME BEFORE MARRIAGE

V. L. B. Bessie Scott

(15) PRESENT POSTOFFICE OF MOTHER

F. L. Scott S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

F. L. Scott S.C.

(19) OCCUPATION

Housewife

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

Three

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

Born alive ... (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 13 23

(28)

P. H. Busham

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.