

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town 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) BOY OR GIRL

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

(Name of Month) (Day) (Year)

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

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

FATHER.

MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

18) BIRTHPLACE

19) OCCUPATION

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, at, on the date above stated.

(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 by mother)

(27) Filed

(28)

Registrar

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.

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

File No.—For State Registrar

3396

Registration District No. 1107

Registered No. 5

(For use of Local Registrar)

St. 7-22 Ward

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