

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. 1245

File No.—For State Registrar Only

3441

Registered No. 2
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Jan 2 22

(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Luke Farmer

(9) PRESENT POSTOFFICE OF FATHER

Riley S.C. 9#1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

20 (Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Riley S.C. 1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22 (Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born April 11 9 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

20

(27)

A. B. Raper

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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
A. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Division of Statistics, Columbia, S. C.