

Form No. 3

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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) Age at birth

(7) DATE OF BIRTH

(8) NAME OF MOTHER

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) AGE AT LAST BIRTHDAY

(13) BIRTHPLACE

(14) OCCUPATION

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

(16) NAME BEFORE MARRIAGE

(17) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(19) AGE AT LAST BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

(29)

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

No. 6451

6451

Registration District No. 1103 Registered No. 18

(For use of Local Registrar)

Ward

If child not yet named, make supplemental report as directed

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 5.