

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No.

File No. - For State Registrar Only

380

Registered No.

(For use of Local Registrar)

Ward

Birth occurs in a hospital or other institution give name of same instead of street and number

(2) Full Name of Child

1 SEX OF CHILD

2 Date of Birth

3 Number in order of birth

4 Are Parents married

5 DATE OF BIRTH

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

(Name of Month) (Day) (Year)

FATHER

6 FULL NAME

7 PRESENT POSTOFFICE OF FATHER

8 COLOR OR RACE

9 BIRTHPLACE

10 OCCUPATION

11 Number of children born to mother including present birth

12 NAME BEFORE MARRIAGE

13 PRESENT POSTOFFICE OF MOTHER

14 COLOR OR RACE

15 BIRTHPLACE

16 OCCUPATION

17 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

at 1 A.M. (Born alive or stillborn) (Hour) (Minute) (P.M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

When name added from a supplemental report

24 Witness

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

25 Date 2/12/23

P.H. Burch

When there was no physician or midwife present, the father, householder, etc., should make a report. No report is desired of child born at home. No report is desired of child born at home of pregnancy.