

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

41839

Registered No.
(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR

GIRL

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

HAIR

(11) AGE AT LAST

BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

HAIR

(17) AGE AT LAST

BIRTHDAY

(Years)

(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 10 P.M.,
on the date above stated. (Born alive or stillborn) (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 supplement-
tal report

(26) Witness

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

(27) Date

Local Registrar

(28) Signature

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 four months of pregnancy.