

Form No. 3
OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8472

Registration District No. 3763

Registered No. 7
(For use of Local Registrar)

(No. St. Ward)
Birth occurs in a hospital or other institution, give name of same (instead of street and number.)

Name of Child Eugenie Capron If child is not yet named, make supplemental report as directed

(4) Twin or triplets 2 (5) Number in order of birth 2 (6) Sex yo (7) DATE OF BIRTH May 18 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

William Capron

Blenheim

(11) AGE AT LAST BIRTHDAY 26
(Years)

Derlington Co

Danner

MOTHER

(14) NAME BEFORE MARRIAGE Eugenie Crawford

(15) PRESENT POSTOFFICE OF MOTHER Blenheim

(16) COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Eugenie Capron (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) FILE July 19 22 (28) Local Registrar

was no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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