

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. — For State Registrar Only

241310

Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child

BOY OR GIRL

Girl

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