

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66530

Registration District No. 4804 Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child *Gutha Cooper*

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

(7) DATE OF BIRTH

(Month) (Day) (Year)

FATHER

(2) FULL NAME

(3) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

(20) BIRTHPLACE

(19) OCCUPATION

(17) 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, on the date above stated.

(23) (Signature of Physician or Midwife)

(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Jan. 30, 1914.

(27)

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.

MARGIN RESERVES FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
MAY, of Columbia.