

Form No. 3

(1) PLACE OF BIRTH

County of

F. Colusa

Township of

Chavez

or

Inc. Town of

or

City of

E. Chavez

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18583

Registration District No.

No. 68

Registered No. 29
(For use of Local Registrar)

(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Willard Henry Osborn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

6/1/19...
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mark T. Osborn

(9) PRESENT POSTOFFICE OF FATHER

E. Chavez

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

3 3
(Years)

(12) BIRTHPLACE

Pensacola, Fla.

(13) OCCUPATION

Clergyman

(14) NAME BEFORE MARRIAGE

Dora Bishop

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Cedar Mountain, N.C.

(19) OCCUPATION

House wife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. H. Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Florence, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19...

(28)

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.

N. B.—In case of twins or triplets, use a separate blank for each child, and mark in the margin of this form, "TWIN" or "TRIPLET".

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