

Form No. 3

## (1) PLACE OF BIRTH

County of Myrtle Beach  
 Township of Myrtle Beach  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4171

Registration District No. 2400 Registered No. 16  
 (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 Carroll Gordon Hay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH July 14, 1929  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carroll Gordon Hay  
 (9) PRESENT POSTOFFICE OF FATHER Vasuville SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE H. Co. S.C.  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Ann Adams  
 (15) PRESENT POSTOFFICE OF MOTHER Vasuville SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17  
 (18) BIRTHPLACE H. Co. S.C.  
 (19) OCCUPATION House work

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

(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 alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Moore - Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Vasuville R.D.

Given name added from a supplemental report

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

(27) Date July 20, 1929 (28) J. W. Rogers 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 RESERVED FOR READING.

WRITE PLAINLY. WITH 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 1.

Begin at Column. Columns, B. C.