

Form No. 3

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Dorchester.

Barnes.

Ridgewill

(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

34166

Registered No.

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Ervin White

If child is not yet named, make supplemental report as directed

(3) BOY

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE

BIRTH (Name of Month) (Day) (Year)

(8) FULL NAME

Ervin White

(9) PRESENT POSTOFFICE OF FATHER

Ridgewill

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

S.C. Car.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Ethel Simmons

(15) PRESENT POSTOFFICE OF MOTHER

Ridgewill

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

S.C. Car.

(19) OCCUPATION

Domestic

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Lourna Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Ridgewill

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "stillborn")

(27) Date

Oct 21 22

(28) Local Registrar

19 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 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 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.