

Form No. 3

1) PLACE OF BIRTH

County of Darlington  
 Township of Farmington  
 of  
 2. Town of .....  
 of  
 3. City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**3596**

Registration District No. 13 dy Registered No. 6  
 (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.)

4) Full Name of Child Lured about 4 years If child is not yet named, make supplemental report as directed

5) BOY OR GIRL girl 6) Twin or Triplet No 7) Number in order of birth 1 8) Are Parents Married? yes 9) DATE OF BIRTH Feb 13, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 10) FULL NAME John Ammon  
 11) PRESENT POSTOFFICE OF FATHER Lanier  
 12) COLOR OR RACE W 13) AGE AT LAST BIRTHDAY 40  
 (Year) 14) BIRTHPLACE S.C.  
 15) OCCUPATION Lanier  
 16) Number of children born to mother, including present birth 9

**MOTHER.**  
 17) NAME BEFORE MARRIAGE Perkie H. Lanier  
 18) PRESENT POSTOFFICE OF MOTHER Lanier  
 19) COLOR OR RACE W 20) AGE AT LAST BIRTHDAY 35  
 (Year) 21) BIRTHPLACE S.C.  
 22) OCCUPATION Domestic  
 23) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Willy Cooper (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Lanier S.C.

name added from a supplemental report

(27) / Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (28) Filed Feb 23, 1923 (29) W. C. Chaplin Local Registrar

If 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.