

Form No. 3

(1) PLACE OF BIRTH

County of Marion  
 Township of Britton Neck  
 Inc. Town of .....  
 City of .....

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

File No. — For State Registrar Only  
4561

Registration District No. 3200 Registered No. 41  
 (For use of Local Registrar)

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

(2) Full Name of Child Bessie Catherine If child is not yet named, make supplemental report as directed

3. SEX OF CHILD girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 5, 1943  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**

8. FULL NAME W. C. Lovell  
 9. PRESENT POSTOFFICE OF FATHER Britton Neck  
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 47 (Years)  
 12. BIRTHPLACE Britton Neck  
 13. OCCUPATION Farming  
 20. Number of children born to mother, including present birth 11

**MOTHER.**

14. NAME BEFORE MARRIAGE Minnie Alice  
 15. PRESENT POSTOFFICE OF MOTHER Britton Neck  
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 35 (Years)  
 18. BIRTHPLACE Britton Neck  
 19. OCCUPATION Farming  
 21. Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. C. Lovell  
 (24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Britton Neck, S.C.

Given name added from a supplemental report  
 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 4 1943 (28) W. F. H. Jones 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.