

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12636
12636County of *Dillon*Township of *Sleepingholer*

Inc. Town of

Registration District No. *217* Registered No. *4*
(For use of Local Registrar)

City of (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 *Jarvis L. Pratan* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>2</i> <i>11</i> <i>1923</i> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Spurgeon Pratan</i>	(14) NAME BEFORE MARRIAGE <i>addine Lark</i>	(9) PRESENT POST OFFICE OF FATHER <i>Salatha S. L.</i>	(15) PRESENT POST OFFICE OF MOTHER <i>Salatha S. L.</i>
(10) COLOR OR RACE <i>niger</i>	(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)	(16) COLOR OR RACE <i>niger</i>	(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)
(12) BIRTHPLACE <i>Aiken Co</i>	(18) OCCUPATION <i>farmer</i>	(18) BIRTHPLACE <i>Aiken Co</i>	(19) OCCUPATION <i>farmers Wife</i>
(20) Number of children born to mother, including present birth <i>15</i>	(21) Number of children of this mother now living, including present birth <i>15</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* *PM*, on the date above stated. *He H. Wilmer* (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *He H. Wilmer*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Salatha S. L.*

Given name added from a supplemental report

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

(27) Filed *5/28* 19 *23*. (28) *S. T. Owens* 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.