

Form No. 3

(1) PLACE OF BIRTH

County of Alcorn
 Township of Chattanooga
 or
 Inc. Town of.....
 or
 City of.....

(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

File No.—For State Registrar Only

29491

Registration District No. 3501 Registered No. 7-8
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 20 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. R. Rest</u>	(14) NAME BEFORE MARRIAGE <u>James G. Rest</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wm. Rest</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wm. Rest</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>James, Tenn.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Alcorn</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4:00 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. J. V. V. V. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walthalla St.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. R. Rest
 (27) Filed Feb 25 1923 (28) W. R. Rest 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.

U. S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.