

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No.

File No.—For State Registrar Only

3520

Registered No.
(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>NO</u>	(7) DATE OF BIRTH <u>Feb 27, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Beyers</u>			(10) NAME BEFORE MARRIAGE <u>James Bonapart</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Green Pond St</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Green Pond St</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(14) COLOR OR RACE <u>White</u>		
(15) BIRTHPLACE <u>Col. Co. S.C.</u>	(16) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(17) BIRTHPLACE <u>Col. Co. S.C.</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Maria Beyers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Green Pond St

Given name added from a supplemental report

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

(27) Filed March 3, 1923 (28) B. J. Huggins 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
A 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.