Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Florence

(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
3790

Registration District No. 20-A Registered No. 57
(For use of Local Registrar)

(No. 214 S. Irby St.; ..... Ward)

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

(2) Full Name of Child Pennell

(3) SEX OR CHILD	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
boy			yes	May	24	23

FATHER.

(8) FULL NAME Lewis B. Pennell

(9) PRESENT POSTOFFICE OF FATHER Florence SC

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Marion Co SC

(13) OCCUPATION Plumber

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mae Parham

(15) PRESENT POSTOFFICE OF MOTHER Florence SC

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Marion Co SC

(19) OCCUPATION O

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn) at 12 M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) E M Ellis MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report

..... 19 .....

Registrar

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

(27) Filed 7 7 1923 (28) P. H. Brunson M.D.
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.