

Form No. 3

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31709

Registration District No. 13614 Registered No. 106  
 (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 Helma P. Kittle If child is not yet named, make supplemental report as directed

3 BOY OR GIRL girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH Sept 22  
 (Name of Month) (Day) (Year)

FATHER  
 8 FULL NAME Pres Keitt  
 9 PRESENT POSTOFFICE OF FATHER Parlars SC  
 10 COLOR OR RACE colored 11 AGE AT LAST BIRTHDAY 49  
 (Year)  
 12 BIRTHPLACE Orangeburg Co  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth 6

MOTHER  
 14 NAME BEFORE MARRIAGE Dacie K Lewis  
 15 PRESENT POSTOFFICE OF MOTHER Parlars SC  
 16 COLOR OR RACE colored 17 AGE AT LAST BIRTHDAY 32  
 (Year)  
 18 BIRTHPLACE Orangeburg Co  
 19 OCCUPATION House Wife  
 21 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lanie Fairmont  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Parlars SC

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 9 1922 (28) D. J. Dantler Local Registrar

\* If 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL COLLEGE, COLUMBIA, S. C.