

Form No. 3

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Florence **STATE OF SOUTH CAROLINA.**
 Bureau of Vital Statistics
 Township of Cartersville **State Board of Health**

File No. — For State Registrar Only
52148

Inc. Town of Registration District No. 2002 Registered No. 17
 (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. Samuel Perkins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/5/19
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Simon Perkins</u>		(14) NAME BEFORE MARRIAGE	<u>Larry Tide</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Dimmoville</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Dimmoville</u>	
(10) COLOR OR RACE	<u>Coon</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE	<u>Coon</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE	<u>Darlington Co</u>		(18) BIRTHPLACE	<u>Darlington Co</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	{ <u>12</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 11 00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Lyde
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Dimmoville S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) 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.

WHITING PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 5.
 M. C. W. of Columbia