

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 28 23
(Name of Month) (Day) (Year)

(8) FULL NAME

Andrew McDowell

(9) PRESENT POSTOFFICE OF FATHER

Shiloh, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farming

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

3

(14) NAME BEFORE MARRIAGE

Everlina Smith

(15) PRESENT POSTOFFICE OF MOTHER

Shiloh, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housework

(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 alive at 5-AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

midwife Shiloh, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2-2-23 1923

(28) S. B. McEwen
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

AFF. NEXT FRAME

0135