

Form No. 3

## (1) PLACE OF BIRTH

County of Wellen

Township of .....

Inc. Town of Halters

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

File No.—For State Registrar Only

42130

Registration District No. 1606 Registered No. 1053  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 26, 1922</u> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Sam Deen</u>	(14) NAME BEFORE MARRIAGE <u>Ann S. Boyz</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Halters</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Halters</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)		(18) BIRTHPLACE <u>Wellen Co</u>	(19) OCCUPATION <u>Farmer</u>	
(10) COLOR OR RACE <u>white</u>	(12) BIRTHPLACE <u>Wellen Co</u>		(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Carpenter(24) State whether Physician or Midwife Physician Address of Physician or Midwife Halters

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/11 19 23 (28) W. F. Rogers 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.

N. 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 5.

McCAM OF COLUMBIA, COLUMBIA, S. C.