

Form No. 3

(1) PLACE OF BIRTH

County of *FF*Township of *FF*or
Inc. Town of *FF*or
City of *FF*

(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

22089

Registration District No. *26-A*Registered No. *203*

(For use of Local Registrar)

(2) Full Name of Child *Virginia Mae Perry*

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

3. ~~BOY OR GIRL?~~*girl*(4) ~~Twins or Triplets?~~

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 *May 26, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Herman Harrison Perry

(9) PRESENT POSTOFFICE OF FATHER

Flomnce, SC

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY *32*
(Years)

(12) BIRTHPLACE

Charleston, SC

(13) OCCUPATION

Sign Painter

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

Four (4)

MOTHER.

(14) NAME BEFORE MARRIAGE

Odell Elizabeth James

(15) PRESENT POSTOFFICE OF MOTHER

Flomnce, SC

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY *26*
(Years)

(18) BIRTHPLACE

Flomnce, SC

(19) OCCUPATION

Domestic

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

Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 a.m.*,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 19, 1922 (28) *C. C. Craft*
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. E.—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.