

Form No. 3.

(1) PLACE OF BIRTH

County of AndersonTownship of Piedmont

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 505

File No.—For State Registrar Only

226Registered No. 12

(For use of Local Registrar.)

(2) Full Name of Child

Margaret Elizabeth Cole

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth
to be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 27 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Louise T. Cole

(9) PRESENT POSTOFFICE OF FATHER

Anderson SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Cooness Co SC

(13) OCCUPATION

Dynamite Tender

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

1 2

MOTHER

(14) NAME BEFORE MARRIAGE

Lessie L. Callaway

(15) PRESENT POSTOFFICE OF MOTHER

Anderson SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Anderson Co SC

(19) OCCUPATION

Housewife

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 11:55... 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) File

File 20 12 22

(28)

J. T. Callaway19...
Registrar

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.

MADE READY FOR BIRTH

THIS SPACE IS TO BE FILLED IN BY THE REGISTRAR FOR EACH CHILD, AND MUST BE PRINTED BORN, No. 1, THE OTHER, No. 2, etc., in Question 5.

REPRODUCED FROM COLUMN 5-C