

Form No. 3

(1) PLACE OF BIRTH

County of Summerville

Township of

or

Inc. Town of

or

(City of Summerville)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13840

Registration District No. 2409B Registered No. 192

(For use of Local Registrar)

(City of Summerville) (No. 36) St. 1st Ward

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Barbara Elizabeth Child is not yet named, make supplemental report as directed3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 11, 1922 (Name of Month) (Day) (Year)FATHER Charles Lewis Ross MOTHER Beatrice Lewis8) FULL NAME Charles Lewis Ross 14) NAME BEFORE MARRIAGE Beatrice Lewis 9) PRESENT POSTOFFICE OF FATHER Summerville 15) PRESENT POSTOFFICE OF MOTHER Summerville10) COLOR OR RACE W. 11) AGE AT LAST BIRTHDAY 37 16) COLOR OR RACE W. 17) AGE AT LAST BIRTHDAY 23 (Years) (Years)12) BIRTHPLACE S.C. 18) BIRTHPLACE S.C.13) OCCUPATION Captain 19) OCCUPATION Teacher20) Number of children born to mother, including present birth 2 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Summerville, S.C., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. P. McArthur(24) State whether Physician or Midwife Midwife 25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness Wm. W. McArthur (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Summerville 1922 (28) Wm. W. McArthur 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.

WHITE 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 OTHER, No 2, etc., in question 5