Form No. 3

(1) PLACE OF BIRTH

County of Allen

Township of Pittsburg

or

Inc. Town of Lillington

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3663

Registration District No. 1606 Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? Boy

(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 21 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ed Bethea

(9) PRESENT POSTOFFICE OF FATHER Lillington

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Allen Co

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Florence Drury

(15) PRESENT POSTOFFICE OF MOTHER Lillington

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Allen Co

(19) OCCUPATION wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. Carpenter

(24) State whether Physician or Midwife Phys e

(25) Address of Physician or Midwife Lillington

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

(27) Filed 2/27 1923 (28) W. F. Rogers
Local Registrar.

Given name added from a supplemental report

..... 19 ....
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.