

Form No. 3

## (1) PLACE OF BIRTH

County of DillonTownship of Bitteror Town of Latta

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

3667

Registration District No. 1606Registered No. 17  
(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 To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>y/n</u>	7) DATE OF BIRTH <u>Feb 17, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Quincy W Ward</u>			14) NAME BEFORE MARRIAGE <u>Dorcas Turberville</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Latta</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Latta</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>30</u> (Year)			17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
12) BIRTHPLACE <u>Whitwell, N C</u>			18) BIRTHPLACE <u>Dillon Co</u>	
13) OCCUPATION <u>lumberman</u>			19) OCCUPATION <u>widow</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 28 at 5:30 M., on the date above stated. (Born alive or stillborn) (Hour 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 2/27 1923(28) W F Rogers

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.