

Form No. 3

(1) PLACE OF BIRTH

County of Dillon  
Township of Bittern  
or Town of Latta  
(City of .....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**3667**

Registration District No. 1606 Registered No. 17  
(For use of Local Registrar)

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

(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 event of Twins or Triplets	(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>Dessie Turbelle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Latta SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>above</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	(18) BIRTHPLACE <u>Dillon Co</u>
(12) BIRTHPLACE <u>Whiteville, N C</u>	(13) OCCUPATION <u>lumberman</u>	(19) BIRTHPLACE	(20) OCCUPATION <u>w/</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
(22) Number of children born to mother, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(24) (Signature) [Signature]  
(25) State whether Physician or Midwife  
(26) Address of Physician or Midwife  
Latta SC

Given name added from a supplemental report

(27) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)  
W J Rogers  
Local Registrar

(28) Filed 2/27 1923

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