

Form No. 3

(1) PLACE OF BIRTH

County of Livingston
 Township of Black Creek
 or
 the Town of

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

File No.—For State Registrar Only

43463

Registration District No. 3160 Registered No. 35
 (For use of Local Registrar)

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

(2) Full Name of Child

1. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 5 6. Are Parents Married? yes 7. DATE OF BIRTH Dec. 11, 22
 (Name of Month) (Day) (Year)

MOTHER.

FATHER. 8. FULL NAME George S. Hart 14. NAME BEFORE MARRIAGE Lenah Gundy
 9. PRESENT POSTOFFICE OF FATHER Stedman 15. PRESENT POSTOFFICE OF MOTHER Stedman
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 35 16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 30
 12. BIRTHPLACE IL 18. BIRTHPLACE IL
 13. OCCUPATION Farmer 19. OCCUPATION Housewife
 20. Number of children born to mother, including present birth 5 21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Broder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wagoner S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 10, 1922 (28) H. C. Gantt
 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.