

Form No. 3

(1) PLACE OF BIRTH

County of FlorenceTownship of Lane Bayor
Inc. Town ofor
City of(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 Ruth Fletcher

File No.—For State Registrar Only

42476

Registered No. 45
(For use of Local Registrar)3. ☐ BOY
4. ☐ GIRL4. Twin
or Triplet?(5) Number in
order of birth 4

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Dec. 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Robert Fletcher(9) PRESENT
POSTOFFICE
OF FATHER Barnockburn(10) COLOR
OR
RACE Black (11) AGE AT LAST
BIRTHDAY 65
(Years)(12) BIRTHPLACE
N.C.(13) OCCUPATION
Farm + saw mill(20) Number of children born to
mother, including present birth 4

MOTHER.

(14) NAME BEFORE
MARRIAGE Janie Lewis(15) PRESENT
POSTOFFICE
OF MOTHER Barnockburn(16) COLOR
OR
RACE Black (17) AGE AT LAST
BIRTHDAY 36
(Years)(18) BIRTHPLACE
Charlotte, N.C.(19) OCCUPATION
Farmer(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 Alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leelite Alexander(24) State whether Physician or Midwife (25) Address of Physician or Midwife
markGiven name added from a supplemen-
tal report(26) Witness Mrs. J. A. Muldrow
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 2, 1922 (28) W. C. Hill
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.WHILE PLACED WITH UNPAID INC.—THERE IS A PERMANENT RECORD, AND WHEN THE
N. B.—In case of GIVING OR RECEIVING use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, S. C.