

Form No. 3

(1) PLACE OF BIRTH

County of DarlingtonTownship of Philadelphus

Inc. Town of

City of

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

(2) Full Name of Child Jessie MuskiesFile No.—For State Registrar Only
42031Registration District No. 13-09 Registered No.
(For use of Local Registrar)(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Dec 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEIna Muskin(9) PRESENT
POSTOFFICE
OF FATHERDarlington(10) COLOR
OR
RACEcol(11) AGE AT LAST
BIRTHDAY45-
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth4

MOTHER.

(14) NAME BEFORE
MARRIAGEMarge Salie(15) PRESENT
POSTOFFICE
OF MOTHERDarlington(16) COLOR
OR
RACEcol(17) AGE AT LAST
BIRTHDAY28
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic Duties(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lervine Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Darlington SCGiven name added from a supplement
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 9, 1923 (28) R. J. Chaplin

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.