

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

Form No. 3

(1) PLACE OF BIRTH

County of Newberry  
 Township of .....  
 or  
 Inc. Town of Little Mt.  
 or  
 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

Registration District No. 3461

File No.—For State Registrar Only

43807

Registered No. 59  
 (For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twin or Triplet (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Dec 26 19 22  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME .....  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Caughman  
 (15) PRESENT POSTOFFICE OF MOTHER Little Mt.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Farmer hand  
 (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 born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Cleazer  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Little Mt. S. C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
Jan 10 1923 (27) Alberta Seave 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.