

MARGIN RESERVED FOR BINDING.
 WHITE 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				CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 4478	
(1) PLACE OF BIRTH County of <u>Greenwood</u> Township of <u>4</u> or Inc. Town of or City of (No. St. Ward)				Registration District No. <u>2306</u> Registered No. <u>28</u> (For use of Local Registrar)			
(2) Full Name of Child <u>allison Foye</u>				(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>girl</u>		(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets		(5) Number in order of birth <u>1</u>		(6) Are Parents Married? <u>yes</u>	
				(7) DATE OF BIRTH <u>Feb 25 1922</u> (Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>George Foye</u>				(14) NAME BEFORE MARRIAGE <u>Ethel E. Allison</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>So. Greenwood, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>So. Greenwood, S.C.</u>			
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)		(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>England</u>				(18) BIRTHPLACE <u>Fayette, Ga.</u>			
(13) OCCUPATION <u>Post. Master</u>				(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>at 4:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>J. M. Simmons, M.D.</u>							
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>So. Greenwood, S.C.</u>							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 Registrar				(27) Filed <u>Mar. 12 1922</u> (28) <u>L. P. Brooks</u> 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.							