

Form No. 3

(1) PLACE OF BIRTH

County of France
 Township of France
 or
 Inc. Town of France
 or
 City of France

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

File No. — For State Registrar Only

18552

Registration District No. 20-A Registered No. P.O.O.
 (For use of Local Registrar)

(No. 10 South Griffin) St. 2 Ward 2
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Cyrus Milton Ferree

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 26, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cyrus Milton Ferree(9) PRESENT POSTOFFICE OF FATHER France, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Chapel Hill, N.C.(13) OCCUPATION Insurance Agent(14) Number of children born to mother including present birth Three

MOTHER

(14) NAME BEFORE MARRIAGE Eta(15) PRESENT POSTOFFICE OF MOTHER France, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Boris, Va(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:50 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Ed. M. M. M. (23) Address of Physician or Midwife M. D.

Given name Ed. M. M. M. as supplemental report

(24) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(25) Local Registrar June 28, 1922 C. C. Craft Local Registrar

When there was an attending physician or midwife, then the father, mother, 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 sixth month of pregnancy.