

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.

RECEIVED OF COLUMBIA, S. C.

Form No. 3

(1) PLACE OF BIRTH

County of Orangeburg
Township of
or
Town of
or
City of Orangeburg

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

(2) Full Name of Child

Marion Ashley Street

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Name of Mother

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 11, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Marion Ashley Street

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

Augusta, Ga.

(13) OCCUPATION

Salasman

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

2

MOTHER.

Weimer

(14) NAME BEFORE MARRIAGE

Winnie Weimer

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Bronchville S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Born alive

at 9 A.M.

(23) (Signature)

Wm. C. Street

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Orangeburg, A.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 12, 1942 M. B. Woodward Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.