

Form No. 3

## (1) PLACE OF BIRTH.

County of FairfieldTownship of H 9

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. - For State Registrar Only  
**3750**Registration District No. 1908Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child Amey de Stark If child is not yet named, make supplemental report as directed

|                             |  |                                      |                                    |   |
|-----------------------------|--|--------------------------------------|------------------------------------|---|
| 3) BOY OR GIRL? <u>Girl</u> | 4) Twin or Triplet? <u>X</u><br>To be covered only in event of Twin or Triplet | 5) Number in order of birth <u>8</u> | 6) Are Parents Married? <u>yes</u> | 7) DATE OF BIRTH <u>Feb 21</u> 19 <u>23</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|--|--------------------------------------|------------------------------------|---|

## FATHER.

FULL NAME Walter StarkPRESENT POSTOFFICE OF FATHER ImmersionCOLOR OR RACE col (11) AGE AT LAST BIRTHDAY 20 (Year)BIRTHPLACE Fairfield Co. S.C.OCCUPATION ImmersionOCCUPATION ImmersionOCCUPATION ImmersionNumber of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Thomas(15) PRESENT POSTOFFICE OF MOTHER Immersion S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE Fairfield Co. S.C.(19) OCCUPATION Immersion(20) OCCUPATION Immersion(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Lucy Elmer(23) State whether Physician or midwife midwife(24) Address of Physician or Midwife Immersion S.C.

Name added from a supplemental report

(25) Witness .....

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

(26) Date Feb 28 1923 (27) Local Registrar L. C. Ruff

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.