Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
8554

Registration District No. 20-A Registered No. 202
(To be filled in by use of Local Registrar)

(If child was born in a hospital or other institution, give name of same instead of street and number.)
(No. 11 E. Garlington St.; ..... Ward)

(2) Full Name of Child Infant Alexander Dye (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	To be answered only in event of Twins or Triplets		Yes	June 30 1922

FATHER.

(8) FULL NAME John W. Dye

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Sardinia, Ohio.

(13) OCCUPATION

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Burdine Collins

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Merrill, Wisc.

(19) OCCUPATION House wife

(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 Alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Kibler M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed July 4 1922 (28) L. L. Graff M.D.
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.

Section 3 of the Act of Congress approved August 11, 1916, provides that "Whoever willfully makes any false statement in the certificate required by the provisions of this act shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year, or both."

Section 4 of the Act of Congress approved August 11, 1916, provides that "Midwives in the District of Columbia shall report all births attended by them in the manner required of physicians by the provisions of this act, and for any neglect of such duty shall be punished by a fine of not more than $50."