

Form No. 3

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No 2.005

File No.—For State Registrar Only

17616

Registered No. 24  
(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 John Henry Black 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

BIRTH June 16 - 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Black

(9) PRESENT POSTOFFICE OF FATHER

Florence

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Muldrow Plantation

(13) OCCUPATION

Farming

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

1st

## MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Ashley

(15) PRESENT POSTOFFICE OF MOTHER

Florence

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

21  
(Years)

(18) BIRTHPLACE

Isle Plantation

(19) OCCUPATION

Farming

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

1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Electa Alexander

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

make

Given name added from a supplemental report

(26) Witness

Mrs. J. A. Muldrow  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

July 9, 1923 (28) P. H. Bushman, 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.