

Form No. 3

(1) PLACE OF BIRTH

County of SUMNER,
 Township of Marysville
 or
 Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36557

Registration District No. 4102

Registered No. 77
 (For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Mack

(9) PRESENT POSTOFFICE OF FATHER Marysville SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Myers

(15) PRESENT POSTOFFICE OF MOTHER Marysville SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Durham

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Marysville SC

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) C. D. Cooper 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.