

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of B. Lakeor
Inc. Town ofor
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

Registration District No. 1402

File No.—For State Registrar Only

41836

Registered No.
(For use of Local Registrar)(2) Full Name of Child Tom Richard

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

(3) BOY OR
GIRL boy(4) Twin
or Triplet? 1(5) Number in
order of birth(6) Are
Parents
Married yes

(7) DATE OF

BIRTH Dec 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Wiley Richard(9) PRESENT
POSTOFFICE
OF FATHER White Hall(10) COLOR
OR
RACE W-C(11) AGE AT LAST
BIRTHDAY 37
(Years)(12) BIRTHPLACE W-C(13) OCCUPATION Farmer Laborer(20) Number of children born to
mother, including present birth 4

MOTHER.

(14) NAME BEFORE
MARRIAGE Blossing Jaker(15) PRESENT
POSTOFFICE
OF MOTHER White Hall(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 30
(Years)(18) BIRTHPLACE W-C(19) OCCUPATION Farm Laborer(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Chisom

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife W-CGiven name added from a supplement-
tal report

(26) Witness

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

(19)

(37) Filed

19

(28)

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.WHITE 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 OTHERS, NO. 2, ETC., IN QUESTION 5.
N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHERS, NO. 2, ETC., IN QUESTION 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.