

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Spktbz

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32111

Registration District No. 40-2Registered No. 4057

(For use of Local Registrar)

(No. 228 Golding 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 Wallace Huister 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 <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 28, 22</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Cornelius Smith(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Comm Labor(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Lindsay(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Cooking(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna H. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-1-22 (28) Jas. Copes
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.