

Form No. 3

1. PLACE OF BIRTH

County of Sumter
 Township of Stateburg
 OF
 Inc. Town of _____
 OF
 City of _____

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

FILE No.—For State Registrar Only

26467-B

Registration District No. 4109Registered No. _____
(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

Booker Thomas Gaddis

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

3. BOY OR GIRL boy 4. Twin or Triplet? twin 5. Number in order of birth _____
 To be answered only in event of Twins or Triplets

6. Are Parents Married? yes 7. DATE OF BIRTH June 3 1923
 (Name of Month) (Day) (Year)

8. FULL NAME Hosea Gaddis9. ADDRESS AT CHILD'S BIRTH Dalzell, S. C.10. COLOR OR RACE Col. 11. AGE AT CHILD'S BIRTH 23 (Years)12. BIRTHPLACE S. C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 214. NAME BEFORE MARRIAGE Laura Gaddis15. ADDRESS AT CHILD'S BIRTH Dalzell, S. C.16. COLOR OR RACE Col. 17. AGE AT CHILD'S BIRTH 22 (Years)18. BIRTHPLACE S. C.19. OCCUPATION Farm Laborer20. Number of children by 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 8 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Hosea Gaddis24. State whether Physician or Midwife father25. Address of Physician or Midwife Dalzell, S. C.

Given name added from a supplemental report

_____ 194_____

Registrar

26. Witness _____

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

27. Filed Aug. 2328. 23 29. Benf. Sanders

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.