

Form No. 3

(1) PLACE OF BIRTH

County of LeeTownship of St. Charlesor
Inc. Town of.....or
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

43417

Registration District No. 307 Registered No. 60

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>Mar 30 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME William W. Wilson9) PRESENT POSTOFFICE OF FATHER —10) COLOR OR RACE — 11) AGE AT LAST BIRTHDAY — (Years)12) BIRTHPLACE —13) OCCUPATION —20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Mary Wilson15) PRESENT POSTOFFICE OF MOTHER St. Charles16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 25 (Years)18) BIRTHPLACE St. Charles19) OCCUPATION —21) Number of children of 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 Child at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Charles

Given name added from a supplemental report

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

(27) Filed Mar 14 22 (28) Paul H. Curry 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.