

Form No. 3

(1) PLACE OF BIRTH

County of ColletonTownship of Blakeor
In Town ofor
City of

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

(2) Full Name of Child

(a) Sex of Child <u>Female</u>	(b) Type of Birth <u>Live</u> To be answered only in case of Twins or Triplets	(c) Number in order of birth <u>1</u>	(d) Are Parents Married? <u>Yes</u>	(e) DATE OF BIRTH <u>Aug 17, 1923</u> (Name of Month) (Day) (Year)
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FATHER
(1) FULL NAME Deborah Palmer(2) PRESENT POSTOFFICE OF FATHER Green Pond S.C.(3) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)(4) BIRTHPLACE S.C. Co S.C.(5) OCCUPATION Farmer(6) Number of children born to mother, including present birth 5MOTHER
(14) NAME BEFORE MARRIAGE Hager Tobias(15) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C. Co S.C.(19) OCCUPATION Housewife(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 alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) Marion Hager(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond

Given name added from a supplemental report

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

(27) Filed Aug 24, 1923 (28) K. J. Higgins 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.