

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42890

County of *Hampton*Township of *Health*or
Inc. Town of.....or
City of.....Registration District No. *2400* Registered No. *157*

(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 *Ethel Charleston* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH *Dec. 1, 1922*
(Name of Month) (Day), (Year)

FATHER.

(8) FULL NAME

Harvey Charleston

(9) PRESENT POSTOFFICE OF FATHER

Warrville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Hampton Co

(13) OCCUPATION

Farm

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Genet Sanchez

(15) PRESENT POSTOFFICE OF MOTHER

Warrville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Hampton Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 A.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23)

(Signature)

Addie Sanchez

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

Warrville S.C.

Given name added from a supplemental report

(26) Witness

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

(27)

Filed *Dec. 1, 1922*

(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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

NO. 3 OF COLUMBIA, COLUMBIA, S. C.