

Form No. 3

(1) PLACE OF BIRTH

County of Fairfield  
 Township of #9  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3740

Registration District No. 1.908

Registered No. 13  
 (For use of Local Registrar)

(No. .... Sec. .... Ward) )  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bertha Johnson

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

1. BOY OR GIRL? Girl 2. Date or Time of Birth Feb 12 1923  
 3. Number in order of birth 4 4. Age of Parents yes  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 5. FULL NAME Bertha Johnson  
 6. PRESENT POSTOFFICE OF FATHER Wilmington  
 7. COLOR OR RACE W 8. AGE AT LAST BIRTHDAY 34  
 9. BIRTHPLACE Wilmington  
 10. OCCUPATION Farmer

MOTHER.  
 11. NAME BEFORE MARRIAGE Larry Robinson  
 12. PRESENT POSTOFFICE OF MOTHER Wilmington  
 13. COLOR OR RACE W 14. AGE AT LAST BIRTHDAY 27  
 15. BIRTHPLACE Fairfield Co S  
 16. OCCUPATION Farmer

17. Number of children born to mother, including present birth  
 18. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive at 6:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) Minnie Belle  
 (21) State whether Physician or Midwife (22) Address of Physician or Midwife Wilmington

Given name added from a supplemental report

(23) Witness signature of Witness necessary only when question 22 is signed by mark  
Feb 27 1923 (24) DePuy

When there was no attending physician or midwife, the father, grandfather, etc., should make this report, and if a child breasted even when the mother is not present, the report is desired of mother.