

Form No. 3

(1) PLACE OF BIRTH

SUMTER,

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28087

County of

Township of

Mayesville

or
Inc. Town of

or

City of

Registration District No. 4102

Registered No. 62
(For use of Local Registrar)

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

(2) Full Name of Child

R. J. Mesbitt

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

(3) BOY OR GIRL

Boy

(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

Feb 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. J. Mesbitt

(9) PRESENT POSTOFFICE OF FATHER

Mayesville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Cora Mesbitt

(15) PRESENT POSTOFFICE OF MOTHER

Mayesville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

housewife

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

5

(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... at...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Susan O'Quinn

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mayesville 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

Mar 1 1922

(28)

A. J. Looser
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.