

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

Form No. 3

1. PLACE OF BIRTH

County of Richland

Township of \_\_\_\_\_

OR  
Inc. Town of BOOKMAN, S.C.

OR

City of \_\_\_\_\_

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8805

FILE No.—For State Registrar Only

00593

Registered No. \_\_\_\_\_  
(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 Jane Hamiter Whitworth

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

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>July 7, 1922</u> (Name of Month) (Day) (Year)
8. FULL NAME <u>John Wallace Whitworth</u>			14. NAME BEFORE MARRIAGE <u>Frances Irene Hedgepath</u>	
9. ADDRESS AT CHILD'S BIRTH <u>Bookman S.C.</u>			15. ADDRESS AT CHILD'S BIRTH <u>Bookman, S.C.</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT CHILD'S BIRTH <u>33</u> (Years)	16. COLOR OR RACE <u>White</u>		
12. BIRTHPLACE <u>Bookman S.C.</u>		17. AGE AT CHILD'S BIRTH <u>22</u> (Years)		
13. OCCUPATION <u>Farmer</u>		18. BIRTHPLACE <u>Woodward, S.C.</u>		
20. Number of children born to mother, including present birth <u>3</u>		21. Number of children by this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature James E. Gates

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

\_\_\_\_\_, 194\_\_\_\_

\_\_\_\_\_  
Registrar

26. Witness

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

27. Filed July 7, 19 44 28. L. A. Riser, M. D.

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. kh