

Form No. 3

(1) PLACE OF BIRTH

County of AffinityTownship of Lawnsideville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9627

Registration District No. Registered No. 16

(For use of Local Registrar)

City of (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 Alia Omorra McMahon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER:		MOTHER:	
(8) FULL NAME <u>John Linder McMahon</u>	(14) NAME BEFORE MARRIAGE <u>Bernice Simpson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lawnsideville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lawnsideville</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lawnsideville</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>four</u>	(21) Number of children of this mother now living, including present birth <u>four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 1 P. M.
on the date above stated. (Born alive ✓) (Hour A. M. or P. M.)

(23) (Signature) <u>Thos. O. Thompson</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife	

Given name added from a supplemental report

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

(27) Filed April 10, 1922 (28) J. M. H. H. H. 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLORED PEOPLE, COLUMBIA, S. C.