

THIS IS A PERMANENT RECORD. 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 Beaufort  
Township of Sheldon  
or  
Inc. Town of .....  
or  
City of .....

(If birth occurs in a hospital or other

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41027

Registration District No. 6.9.3A Registered No. .... 68  
(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 Un-named

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

3) BOY OR GIRL girl 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? yes 7) DATE OF BIRTH Dec. 24, 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Willie Fields  
9) PRESENT POSTOFFICE OF FATHER Dale, S.C.  
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 30  
(Year) 12) BIRTHPLACE Beaufort Co., S.C.  
13) OCCUPATION Day Laborer  
20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Gladys Fickens  
15) PRESENT POSTOFFICE OF MOTHER Dale, S.C.  
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 22  
(Year) 18) BIRTHPLACE Beaufort Co., S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha x Green  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dale, S.C.

Given name added from a supplemental report

(26) Witness E. P. Marle  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 30, 1922 (28) Meir Laffer  
Registrar 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.