

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18213

Registration District No. 702 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Henry Orwin If child is not yet named, make supplemental report as directed

| | | | | |
|--|----------------------|------------------------------|------------------------|--------------------------------|
| (3) BOY OR GIRL Boy | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parent Married | (7) DATE OF BIRTH Jan. 8, 1915 |
| To be answered only in case of twins or triplets | | | | (Name of Month) (Day) (Year) |

FATHER.

MOTHER.

(8) FULL NAME Oliver Orwin

(14) NAME BEFORE MARRIAGE Susan Shuler

(9) PRESENT POSTOFFICE OF FATHER St. Stephens S.C.

(15) PRESENT POSTOFFICE OF MOTHER St. Stephens S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Berkeley Co.

(18) BIRTHPLACE Berkeley Co.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother new living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) B. M. Macdellon(24) State whether Physician or Midwife Midwife Address of Physician or Midwife St. Stephens S.C.

Given name added from a supplemental report

(25) Witness R. M. Boykin (Signature of Witness necessary only when question 22 is signed by mark)(27) Jan. 15, 1915 (28) R. M. Boykin 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.