

Form No. 3

## (1) PLACE OF BIRTH

County of .....

Township of .....

City of .....

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1703

File No.—For State Registrar Only

42170

Registered No. 5  
(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 Sallie Lea

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

(3) BOY OR GIRL Girl	(4) Twin or Triplet? 1	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec. 22, 1922 (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME Stood R. Lea	(14) NAME BEFORE MARRIAGE Sallie May
(9) PRESENT POSTOFFICE OF FATHER Holly Hill a c	(15) PRESENT POSTOFFICE OF MOTHER St George s c.
(10) COLOR OR RACE White	(16) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 28 (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Do not know	(18) BIRTHPLACE St George s c.
(13) OCCUPATION Mechanic	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 1	(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 Rhine at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Johnston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a postnatal report

(26) Witness

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

(27) Filed

10

(28) Mrs. R. C. Douglas 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 be so reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Betty Jennings

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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.