

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.)

(2) Full Name of Child

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Age *yr* (7) DATE OF BIRTH *7-2-23*
To be answered only in case of Twin or Triplet
(Day) (Month) (Year)

FATHER
 (8) FULL NAME *Will Dean*
 (9) PRESENT POSTOFFICE OF FATHER *Blackstock Sc*
 (10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *42*
 (12) BIRTHPLACE *Chester Co S C*
 (13) OCCUPATION *Farmer*
 (14) Number of children born to mother, including present birth *Eleven*

MOTHER
 (15) NAME BEFORE MARRIAGE *Mahra Gayden*
 (16) PRESENT POSTOFFICE OF MOTHER *Blackstock Sc*
 (17) COLOR OR RACE *Black* (18) AGE AT LAST BIRTHDAY *36*
 (19) BIRTHPLACE *Chester Co S C*
 (20) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth *Ten*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10:09* A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) *Mary Douglas*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "mark")

(27) Filed

4/16/23 *R. T. Vanodue*
 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 stillborns before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

13439

Registration District No. *1107*Registered No. *22*
(For use of Local Registrar)

(No. St.) Ward)