

No. 3

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12628

County of Asheyr
 Township of Sheepy Hollow
 Town of
 of
 of

Registration District No. 212

Registered No. 1
 (For use of Local Registrar)

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

Full Name of Child

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

BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married no (7) DATE OF BIRTH Jan 23 1923
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME
 PRESENT POSTOFFICE OF FATHER
 COLOR OR RACE col (11) AGE AT LAST BIRTHDAY (Year)
 BIRTHPLACE
 OCCUPATION
 Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Dicks
 (15) PRESENT POSTOFFICE OF MOTHER Hawthorne SC
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 55 (Year)
 (18) BIRTHPLACE Wicken CO
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Millie Johnson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hawthorne SC

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/14 1923 (28) S. T. Owens 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.