

Form No. 3

(1) PLACE OF BIRTH

County of LeeTownship of St. Charles

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3007 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

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? Yes 5) Number in order of birth 2 6) Are Parents Married? No 7) DATE OF BIRTH April 5 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

9) FULL NAME Bill Huntington9) PRESENT POSTOFFICE OF FATHER St. Charles10) COLOR OR RACE C 11) AGE AT LAST BIRTHDAY 24
(Years)12) BIRTHPLACE SC13) OCCUPATION Labourer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Carrie Williams15) PRESENT POSTOFFICE OF MOTHER St. Charles16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 23
(Years)18) BIRTHPLACE SC19) OCCUPATION None21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Montgomery(24) State whether Physician or Midwife (25) Address of Physician or Midwife Med. St. Charles

Given name added from a supplemental report

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

(27) Filed Apr 14 22 (28) Paul L. Lamm Local Registrar

19 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.

RECEIVED OF COLUMBIA, COLUMBIA, D. C.