

No. 3.

## (1) PLACE OF BIRTH

County of Anderson  
 Township of F.S.P.  
 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. 3015

File No.—For State Registrar Only

9877

 Registration No. 40  
 (For use of Local Registrar)

(2) Full Name of Child Sara Ellen Whitfield  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 26 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John T. Whitfield</u>			(14) NAME BEFORE MARRIAGE <u>Ida Nancy E. Royster</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Townville SC #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Townville SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE	
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Anderson Co SC</u>			(18) BIRTHPLACE <u>Clatsama</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 5</u>			(21) Number of children of this mother now living, including present birth <u>1 5</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)  
 (23) (Signature) J. M. Hobson M.D.  
 (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 25 is signed by mark)

(27) Filed May 1 1922 (28) J. J. Gallant 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 recorded as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.