

Form No. 3

(1) PLACE OF BIRTH

County of Marion
 Township of
 or
 Inc. Town of Mullins
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43614

Registration District No. 3712 Registered No. 71
 (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 Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Frank Wright(9) PRESENT POSTOFFICE OF FATHER Mullins SC(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Marion County SC(13) OCCUPATION Mill Laborer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Brown(15) PRESENT POSTOFFICE OF MOTHER Mullins SC(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Scotland County NC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. N. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins SC

Given name added from a supplemental report

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

(27) File Jan 13 (28) Local Registrar H. M. Schaffer

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.