

Form No. 3

(1) PLACE OF BIRTH

County of Marion
 Township of Heaves
 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. 3705

File No.—For State Registrar Only
43642

Registered No. 150
 (For use of Local Registrar)

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

(2) Full Name of Child Louise McRae 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 5 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alvan McRae
 (9) PRESENT POSTOFFICE OF FATHER Mullins SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Dillon County, SC
 (13) OCCUPATION Farm
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Jones
 (15) PRESENT POSTOFFICE OF MOTHER Mullins SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Marion County SC
 (19) OCCUPATION House work
 (21) Number of child, or of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive at... 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith M.D.
 (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)
Jan 9 1923 (27) H. M. McPherson 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEAD OF COLUMBIA, COLUMBIA, S. C.