

Form No. 3

(1) PLACE OF BIRTH

County of FlorenceTownship of Long Bayor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

42475

Registration District No. 2014 Registered No. 47
(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 Minnie Lee Cottingham (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 10 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec. 21 - 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fannie Cottingham(9) PRESENT POSTOFFICE OF FATHER Bannockburn(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth Ten

MOTHER.

(14) NAME BEFORE MARRIAGE Laura(15) PRESENT POSTOFFICE OF MOTHER Bannockburn(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Raising children(20) Number of children of this mother now living, including present birth Six

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) Celeste Alexander(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. A. Muldrow
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1, 1923 (28) A. C. Hill
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 TWIN OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.