

Form No. 3

(1) PLACE OF BIRTH

County of Marion
Township of 1st
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
4568

Registration District No. 57 Registered No. 1
(For use of Local Registrar)
(No. Sec. Ward)

(2) Full Name of Child

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

1. BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1
To be answered only in event of Twin or Triplet

(4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 2, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

6. FULL NAME Wm. H. Smith

14. NAME BEFORE MARRIAGE Roxey M. Keethen

7. PRESENT POSTOFFICE OF FATHER Lockhart, S.C.

15. PRESENT POSTOFFICE OF MOTHER Lockhart, S.C.

8. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Year)

16. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Year)

9. BIRTHPLACE N.C.

18. BIRTHPLACE N.C.

10. OCCUPATION Will Person

19. OCCUPATION Housewife

20. Number of children born to mother, including present birth three

21. Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 4:50 P.M. on the date above stated.

(23) (Signature) Francis Rogers (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lockhart, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 9, 1923 (28) W. F. Hozier 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 birth month of pregnancy