

Form No. 3

(1) PLACE OF BIRTH

County of HorryTownship of Green Sea

Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2606

File No.—For State Registrar Only

42992

Registered No. 123
(For use of Local Registrar)

(2) Full Name of Child

Ruby Lee Gaddy

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

Dec 15 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Geo. N. Gaddy

(9) PRESENT POSTOFFICE OF FATHER

Green Sea S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Horry Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Jennie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Green Sea S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Horry Co. S.C.

(19) OCCUPATION

house wife

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State, whether Physician or Midwife

Midwife

(25) Signature of Physician or Midwife

Clarence M. B.

Given name added from a supplemental report

(26) Witness

Geo. N. Gaddy

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

(27) Filed

Dec 15 22

(28)

E. B. Buffkin

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.