

Form No. 3

(1) PLACE OF BIRTH

County of CharlestonTownship of James Islandor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

37629

Registration District No. 9103Registered No.
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Isela Elizabeth Mundy

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH..... 19.... (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Dan Mundy9) PRESENT POSTOFFICE OF FATHER Ravenel SC10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY..... 22 (Years)12) BIRTHPLACE W. = Greenville SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Elizabeth Minard15) PRESENT POSTOFFICE OF MOTHER Ravenel SC16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY..... 23 (Years)18) BIRTHPLACE New Ravenel SC19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deborah Warren

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. H. Kinnick
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 22 1922 (28) W. H. Kinnick 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.

MAKING OF RECORDS FOR THE DEPARTMENT OF HEALTH, STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, IS A SEPARATE PLACED FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.