

Form No. 3

1. PLACE OF BIRTH

County of SumterTownship of StateburgOR
Inc. Town of _____OR
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 HealthFILE No 23 048088
2646Registration District No. 4109 Registered No. _____
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD

Booker Thomas Gaddis{ If child is not yet named, make
supplemental report as directed.

3. BOY OR GIRL <u>boy</u>	4. Twin or Triplet? <u>twin</u>	5. Number in order of birth _____	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 3</u> 19 <u>23</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Hosea Gaddis9. ADDRESS AT CHILD'S BIRTH Dalzell, S. C.10. COLOR OR RACE Col. 11. AGE AT CHILD'S BIRTH 23
(Years)12. BIRTHPLACE S. C.18. OCCUPATION Farmer20. Number of children born to mother, including present birth 2

MOTHER

14. NAME BEFORE MARRIAGE Laura Gaddis15. ADDRESS AT CHILD'S BIRTH Dalzell, S. C.16. COLOR OR RACE Col. 17. AGE AT CHILD'S BIRTH 22
(Years)18. BIRTHPLACE S. C.19. OCCUPATION Farm laborer21. Number of children by this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 8A M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. Signature Hosea Gaddis24. State whether Physician or Midwife father 25. Address of Physician or Midwife Dalzell, S. C.

Given name added from a supplemental report

_____, 104 _____

Registrar

26. Witness _____

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

27. Filled Aug. 23, 1923 28. Benj. Sanders
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.