

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 Health

FILE No 23 048088 ☒

2646

Registration District No. 4109Registered 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 boy4. Twin or  
Triplet? twin5. Number in order  
of birth6. Are  
Parents  
Married? yes

7. DATE OF BIRTH

June 323

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL  
NAME Hosea Gaddis9. ADDRESS AT  
CHILD'S BIRTH Dalzell, S. C10. COLOR  
OR  
RACE Col.11. AGE AT CHILD'S  
BIRTH 23  
(Years)

12. BIRTHPLACE

S. C.

13. 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  
father25. Address of Physician or Midwife  
Dalzell, S. C.

Given name added from a supplemental report

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Registrar

26. Witness \_\_\_\_\_

(Signature of Witness necessary only  
when question 23 is signed by mark)27. Filed Aug. 23, 19 23 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 pregnancyWRITE 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.