

Form No. 3

(1) PLACE OF BIRTH

County of Florence SCTownship of Florence SC

or

Inc. Town of Florence SC

or

City of Florence SC

(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

34349

Registration District No. 207ARegistered No. 338
(For use of Local Registrar)(No. 1104 Maple St. East Ward)(2) Full Name of Child Obered Richion

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? no

(7) DATE OF

BIRTH Oct 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dauch Richion(9) PRESENT POSTOFFICE OF FATHER Florence SC(10) COLOR OR RACE color(11) AGE AT LAST BIRTHDAY 60
(Years)(12) BIRTHPLACE Florence SC(13) OCCUPATION Dray Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosamary Moses(15) PRESENT POSTOFFICE OF MOTHER Florence SC(16) COLOR OR RACE color(17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Florence SC(19) OCCUPATION Tomast(21) 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 Delbert 5A
on the date above stated. (Born alive or stillborn) (If A. M. or P. M.)(23) (Signature) J. S. Searles(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wearsemer work

Given name added from a supplemental report

(26) Witness West Burlington st 670

(Signature of Witness necessary only when question 23 is signed "Married")

(27) Date 10-19-22(28) P. H. Brughan
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.

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.