

Form No. 3

## (1) PLACE OF BIRTH

County of LeeTownship of St. Charlesor  
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.—For State Registrar Only

43414

Registration District No. 3007 Registered No. 58  
(For use of Local Registrar)

## (2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Oct 22</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Edmund Oliver9) PRESENT POSTOFFICE OF FATHER St. Charles10) COLOR OR RACE C 11) AGE AT LAST BIRTHDAY 22  
(Years)12) BIRTHPLACE SC13) OCCUPATION Laborer20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Anna Presner15) PRESENT POSTOFFICE OF MOTHER St. Charles16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 26  
(Years)18) BIRTHPLACE SC19) OCCUPATION Laborer21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at St. Charles M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Wilson(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife St. Charles

Given name added from a supplemental report

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

(27) Filed Oct 14 19 22 (28) Paul L. L. L. 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.