

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
42864

County of Hampton

Township of

or
Inc. Town of Estillor
City of

Registration District No. 2407 Registered No. 135
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Barbara Seantine Folk If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 9, 1922
 (Name of Month) (Day) (Year)

FATHER.(8) FULL NAME Thomas J. Folk(9) PRESENT POSTOFFICE OF FATHER Estill(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53
 (Years)(12) BIRTHPLACE Estill(13) OCCUPATION oil man(20) Number of children born to mother, including present birth Seven (7)**MOTHER.**(14) NAME BEFORE MARRIAGE May Smock(15) PRESENT POSTOFFICE OF MOTHER Estill(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43
 (Years)(18) BIRTHPLACE Colleton(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth Three (3)**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician | Estill S. C.

Given name added from a supplement report

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

(27) Filed Jan 5, 1922 (28) Ph. C. ...
 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.