Form No. 3

(1) PLACE OF BIRTH

County of Aiken

Township of ..... or Inc. Town of Jatta or City of ..... (No. ..... St.; ..... Ward)

(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
34111

Registration District No. 1606 Registered No. 20
(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?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	9/7 1922

FATHER	MOTHER
(8) FULL NAME Ernest C Conte	(14) NAME BEFORE MARRIAGE Ethel Goodwin
(9) PRESENT POSTOFFICE OF FATHER Jatta SC	(15) PRESENT POSTOFFICE OF MOTHER Jatta SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Aiken Co	(18) BIRTHPLACE Macon Co
(13) OCCUPATION Farmer	(19) OCCUPATION Wife
(20) Number of children born to mother, including present birth 4	(21) 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 alive (Born alive or stillborn) at 1 a. M. (Hour) on the date above stated.

(23) (Signature) L Hartzell

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jatta SC

Given name added from a supplemental report ..... 19 .....
Registrar

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

(27) Filed 10-7-22 19 .... (28) W L Rogers
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.

MARGIN RESERVED FOR BINDING

THIS PAPER MUST NOT BE FOLDED

Bureau of Columbia, Columbia, S. C.