

Form No 3.

(1) PLACE OF BIRTH

County of C Anderson
 Township of York
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

227

Registration District No. 305Registered No. 134
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3 22
 (Line of Month) - (Day) - (Year)

FATHER

(8) FULL NAME Carl M Whitfield
 (9) PRESENT POSTOFFICE OF FATHER Louiseville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Anderson Co SC
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Willie Ann Whitfield
 (15) PRESENT POSTOFFICE OF MOTHER Louiseville SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Anderson Co SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1(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 alive at 6:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 41922

(28)

J. P. Hall

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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. FORM NO. 3, etc., is Question K