

Form No. 3

(1) PLACE OF BIRTH

County of Orchester
 Township of Ridgely
 or
 Inc. Town of Ridgely
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34167

Registration District No. 1700Registered No. 69
(For use of Local Registrar)

City of (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 Ellie Coffey (If child is not yet named, make supplemental report as directed)

3) Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Oct 21 22
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER: 8) FULL NAME Ellie Coffey 9) PRESENT POSTOFFICE OF FATHER Ridgely 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 19 (Years) 12) BIRTHPLACE S. C. Par. 13) OCCUPATION Labourer 14) NAME BEFORE MARRIAGE Polie Montgomery 15) PRESENT POSTOFFICE OF MOTHER Ridgely 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 21 (Years) 18) BIRTHPLACE S. C. Par. 19) OCCUPATION Domestic 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 8 P. M. on the date above stated. (Born alive stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Green (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Ridgely, S. C.

Given name added from a supplemental report

(26) Witness John G. Smith (Signature of Witness necessary only when question 22 is signed) (27) File Nov 9 22 (28) G. A. T. Smith 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS 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.