

Form No. 3

(1) PLACE OF BIRTH

County of *Aiken*Township of *Steeplechase*

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

13425

Registration District No. *212*Registered No. *20*

(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 *Essie Widner*

(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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Nov 26, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Est. Widner

(9) PRESENT POSTOFFICE OF FATHER

Jackson S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

housewife

(20) Number of children born to mother, including present birth

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Wm. Lee King

(15) PRESENT POSTOFFICE OF MOTHER

Jackson S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

farmer's wife

(21) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4. A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. H. Widner*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*mid wife**Salathia S.C.*

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed *6/22* 19 *22*

(28)

S. T. Owens

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.