No. 3

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
69

(1) PLACE OF BIRTH
County of Aiken
Township of Hopewell
or
Inc. Town of .....
or
City of ..... (No. ..... St., ... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 206 Registered No. .....
(For use of Local Registrar.)

(2) Full Name of Child Willie Mooray
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(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 Jan 28 1922 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Unknown
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY ..... (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Widow Carley
(15) PRESENT POSTOFFICE OF MOTHER Wagener S C
(16) COLOR OR RACE Black
(17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION Farm
(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 a. m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Park Hunter
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Wagener

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 Jan 30 1922 (28) H C Pool
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 COLUMBIA, COLUMBIA, S. C.

A SEPARATE BLANK FOR EACH CHILD, and mark (1) FIRST-BORN, No. 2, THE OTHER, No. 3, etc., in question 5.