

Form No. 3

(1) PLACE OF BIRTH

County of BenfordTownship of BurdanInc. Town of BurdanCity of Burdan(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

2947

Registration District No. 600 Registered No. 7
(For use of Local Registrar)(2) Full Name of Child Frank Washington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
	To be answered only in case of Twin or Triplet		<u>Yes</u>	<u>Feb. 18, 1923</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Chaplin
 (9) PRESENT POSTOFFICE OF FATHER Burdan S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Ladies Island S.C.
 (13) OCCUPATION Farmer Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Washington
 (15) PRESENT POSTOFFICE OF MOTHER Burdan S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Burdan S.C.
 (19) OCCUPATION Farmer Laborer

(20) Number of children born to mother, including present birth 7
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel McNight
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Burdan S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 18, 1923 (28) R. H. Bennett
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.