

Form No. 3

(1) PLACE OF BIRTH

County of Florence
 Township of Florence
 or
 In Town of Florence
 or
 City of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18550

Registration District No. 20-A Registered No. 198
 (For use of Local Registrar)

(No. 20 Six St.; 1 Ward)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Bernice Jacqueline Baler

3. ☒ Boy ☐ Girl
 4. Twin or Triplet ☒
 5. Number in order of birth ☒
 6. Are Parents Married? yes
 7. DATE OF BIRTH June 20, 1922
 (Month) (Day) (Year)

FATHER.

8. FULL NAME John Arthur Baler
 9. PRESENT POSTOFFICE OF FATHER Florence, S.C.
 10. COLOR OR RACE White
 11. AGE AT LAST BIRTHDAY 26
 (Years)
 12. BIRTHPLACE Kennett, S.C.
 13. OCCUPATION Retail Merchant
 14. Number of children born to mother, including present birth Two

MOTHER.

14. NAME BEFORE MARRIAGE Mary China Jenkins
 15. PRESENT POSTOFFICE OF MOTHER Florence, S.C.
 16. COLOR OR RACE White
 17. AGE AT LAST BIRTHDAY 25
 (Years)
 18. BIRTHPLACE Sumter, S.C.
 19. OCCUPATION Domestic
 20. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Baler
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Florence 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 July 5, 1922 (28) E. B. Baler 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.