

Form No. 3

(1) PLACE OF BIRTH

County of Beaufort
 Township of Sheldon
 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

41026

Registration District No. 603A Registered No. 66
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Un-named { 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 Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 13 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Blue
 (9) PRESENT POSTOFFICE OF FATHER Dead
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 23 (Year)
 (12) BIRTHPLACE Beaufort Co., S. C.
 (13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Simmons
 (15) PRESENT POSTOFFICE OF MOTHER Wade, S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Beaufort Co., S. C.
 (19) OCCUPATION Farm Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa X Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wade, S. C.

Given name added from a supplemental report

(26) Witness a. J. Marshall
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 23 1922 (28) Meir J. J. J. 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.

WITH ENVELOPING INK—THIS IS A PERMANENT RECORD.
 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.
 RECORD OF COLUMBIA, COLUMBIA, D. C.