

Form No. 3

(1) PLACE OF BIRTH

County of Horry

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for this Register

3793

Registration District No. 2Registered No. 67

(For use of Local Registrar)

(No. R.F.R. Ward)

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

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) SEX OR
ONLYmale(4) Type
or TripleTwin(5) Number in
order of birthII

To be entered only in case of Twins or Triplets

(6) Age
at birth1m(7) DATE OF
BIRTH Feb. 9th 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAMEJohn J. Thomas(9) PRESENT
RESIDENCE
OF FATHERHorry(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY23
(Years)

(12) BIRTHPLACE

Horry

(13) OCCUPATION

laborer

MOTHER

(14) NAME BEFORE
MARRIAGEEdith W. W. 4(15) PRESENT
RESIDENCE
OF MOTHERHorry(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY18
(Years)

(18) BIRTHPLACE

Horry

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

phys.When a name address or other
information is supplied

Witness

(Signature of Witness necessary only
when question 22 is signed by nurse)Feb. 11 1923 (25) P. H. PrichardWhen I have signed this certificate, I have read the instructions
If a child is born dead, the mother must be notified