

Form No. 3

(1) PLACE OF BIRTH

County of Dorchester
 Township of Koger
 OF
 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

42184

Registration District No. 1705 Registered No. 84
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

(2) Full Name of Child Fressant Indy

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 9 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Fred Indy (14) NAME BEFORE MARRIAGE Lessie Byrd
 (9) PRESENT POSTOFFICE OF FATHER Reevesville S.C. (15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lessie Indy
 (24) State whether Physician or Midwife Mother of Child (25) Address of Physician or Midwife Reevesville 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 Jan 9 1923 (28) E. C. Oberhardt 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 MEDICAL COLUMBIA, COLUMBIA, S. C.