Form No. 3

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 1167

(1) PLACE OF BIRTH

County of Marion

Township of ..... or Inc. Town of Mullins or City of .....

Registration District No. 3-12

Registered No. 42
(For use of Local Registrar)

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

(2) Full Name of Child: William Bethea

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

(3) Sex: Male

(4) Twin or Triplet (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Legitimate: No

(7) DATE OF BIRTH: October 28, 1923 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME: Frank Jordan

(9) PRESENT POSTOFFICE OF FATHER: Mullins

(10) COLOR OR RACE: W

(11) AGE AT LAST BIRTHDAY: 38 Years

(12) BIRTHPLACE: Marion Co.

(13) OCCUPATION: Laborer

(20) Number of children born to mother, including present birth: 2

## MOTHER

(14) NAME BEFORE MARRIAGE: Sue Bethea

(15) PRESENT POSTOFFICE OF MOTHER: Mullins

(16) COLOR OR RACE: W

(17) AGE AT LAST BIRTHDAY: 27 Years

(18) BIRTHPLACE: Dillon Co.

(19) OCCUPATION: Factory Hand

(21) Number of children of this mother now living, including present birth: One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:45 P.M. (Born alive or stillborn) (Hour) on the date above stated.

(23) (Signature) Dolly X Woodburn

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mullins.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness: J. M. Schaffer
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/29 19 23 (28) J. M. Schaffer 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. USE UNFADING INK. IF THERE IS A PERMANENT RECORD OF THIS CERTIFICATE ON A SEPARATE BLANK, FOR MATCH CHILD, and refer to it by number. THIS OTHER, No. 2, etc., in question 4.