

Form No. 3

(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Sturtevant (No. 301 S. Charles St.; 7 Ward)

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

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

File No.—For State Registrar Only

42320

Registration District No. 20-A Registered No. 394  
(For use of Local Registrar)

(2) Full Name of Child

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert Myron Cox

(14) NAME BEFORE MARRIAGE Paul Gardner

(9) PRESENT POSTOFFICE OF FATHER Sturtevant

(15) PRESENT POSTOFFICE OF MOTHER Sturtevant

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Sturtevant S.C.

(18) BIRTHPLACE Sturtevant S.C.

(13) OCCUPATION Car Repairer Ry Co

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-22-1922 (28) P. H. Bushaw, M.D. 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.

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