

Form No. 3

1) PLACE OF BIRTH

County of Darlington
 Township of Liberty
 of
 Town of
 of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3591

Registration District No. 13-14Registered No. 11
(For use of Local Registrar)

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

2) Full Name of Child Clare Wilson

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

SEX OF
CHILD(A) Twin
or Triplet?(B) Number in
order of birth

To be answered only in event of Twin or Triplet

(C) Are
Parents
Married?(D) DATE OF
BIRTHFeb 7 1923
(Name of Month) (Day) (Year)FULL
NAME

FATHER.

Malcolm WilsonPRESENT
POSTOFFICE
OF FATHERBarrenCOLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

SC

OCCUPATION

FarmerNumber of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGERosa Hammett(15) PRESENT
POSTOFFICE
OF MOTHERBarren(16) COLOR
OR
RACEW(17) AGE AT LAST
BIRTHDAY22
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2-7 M.,
 on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature)

Betty Cooper

(24) State whether Physician or Midwife

Physician or MidwifeName added from a supplemen-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 23 1923(28) R. J. Chaplin
Local Registrar

See 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.

Star Only

4
Star)

Ward)

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directed17.2
(Year)son30
.....P. M.,
or P. M.)
back
Midwife
sclin
return.