

Form No. 3

(1) PLACE OF BIRTH

County of Kershaw

Township of

Incl. Town of

City of Flora

(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 HealthNo. 24361 - For State Registrar OnlyRegistration District No. 208 Registered No. 267
(For use of Local Registrar)(No. 312 Stations Ward)

(2) Full Name of Child

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

(3) Sex <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>11-23-1913</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>W. H. Bailey</u>	(10) NAME BEFORE MARRIAGE <u>Jessie C. Ferrell</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Flora</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Flora</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>Monroe Co Va</u>	(14) BIRTHPLACE <u>Flora S.C.</u>			
(13) OCCUPATION <u>Engvr</u>	(15) OCCUPATION <u>Lawyer</u>			
(16) Number of children born to mother, including present birth <u>8</u>	(17) Number of children of this mother now living, including present birth <u>6</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive at 11 M. on the date above stated. (Sign either stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9-15-13 (28) P. H. Anderson 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.