

Form No. 3

(1) PLACE OF BIRTH

County of DarlingtonTownship of Philadelphiaor
Inc. Town ofor
City of

(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

34015

Registration District No. 1509 Registered No. 72
(For use of Local Registrar)(2) Full Name of Child Teressie Wengate If child is not yet named, make supplemental report as directed3. ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents married? yes (7) DATE OF BIRTH Sept 27, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME W. H. Wengate9) PRESENT POSTOFFICE OF FATHER Darlington10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 39
(Years)12) BIRTHPLACE SS13) OCCUPATION Farmer20) Number of children born to mother, including present birth 14

MOTHER.

14) NAME BEFORE MARRIAGE Lerie Marie15) PRESENT POSTOFFICE OF MOTHER Darlington16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 31
(Years)18) BIRTHPLACE SS19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:00 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Lernia Thomas
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington

Given name added from a supplemental report

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

(27) Filed Nov 16, 1922 (28) R. J. Chapin 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.

MARGIN RESERVED FOR INDEXING.
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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.