

Form No. 3

1) PLACE OF BIRTH

County of Edgehill
 Township of Talbot
 or
 Ac. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42230

Registration District No. 1815

Registered No. 38
 (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

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

BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Nov 8 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME

Lonnie Higgins

(14) NAME BEFORE MARRIAGE

Fannie Andrews

PRESENT POSTOFFICE OF FATHER

Callison

(15) PRESENT POSTOFFICE OF MOTHER

Callison

COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 30
 (Years)

(16) COLOR OR RACE

colored (17) AGE AT LAST BIRTHDAY 25
 (Years)

BIRTHPLACE

(18) BIRTHPLACE

OCCUPATION

Wages Hand

(19) OCCUPATION

General work

Number of children born to mother, including present birth

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

J. J. Mayson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Landlord Callison

Even name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 1922 J. D. Hughey
 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.

Registrar

Local Reg

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(Day)

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