

Form No. 3

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or  
Inc. Town of .....or  
City of Florence, S. C. (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 Lorena Newton Ingram child is not yet named, make supplemental report as directed7 BOY OR GIRL? Boy4 Twin or Triplet? -5 Number in order of birth -(6) Are Parents Married? yes

DATE OF

BIRTH

(Month of Month) (Day) (Year)

## FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12 BIRTHPLACE

13 OCCUPATION

14 Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. TUCKER(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 1922

(28)

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 25th month of pregnancy.

MISSOURI, No. 1. THE OTHER, No. 2, etc., in question 6

MISSOURI, No. 1. THE OTHER, No. 2, etc., in question 6