Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Florence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20902

Registration District No. 20-A Registered No. 203

(For use of Local Registrar)

McDermon Hill St. ..... 1 ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leatrice Viola Askins

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl			Yes	July 12 1923

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Luther R. Askins	(14) NAME BEFORE MARRIAGE Mamie Deas
(9) PRESENT POSTOFFICE OF FATHER Florence, Sc	(15) PRESENT POSTOFFICE OF MOTHER Florence, Sc
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Mars Bluff, Sc	(18) BIRTHPLACE Mars Bluff Sc
(13) OCCUPATION Switchman	(19) OCCUPATION House Wife
(20) 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*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M W Hicks Md

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Florence, Sc

Given name added from a supplemental report

see Affidavit

1/5/45 L. G. R. 19 ....

K.H. Registrar

(26) Witness .....

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

(27) Filed July 15 1923 (28) F. H. Buchanan M.D. 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.

Body

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

Mother of Columbia, Columbia, S. C.