

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Orchida
Burns
Ridgeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34165

Registration District No. 1700

Registered No. 67

(For use of Local Registrar)

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

(2) Full Name of Child

Belzora Pryor

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

(3) *Carl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct 12 22*
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *Wesley Pryor* (9) PRESENT POSTOFFICE OF FATHER *Ridgeville* (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *24* (Years) (12) BIRTHPLACE *S. Car.* (13) OCCUPATION *Laborer* (20) Number of children born to mother, including present birth *5*

MOTHER: (14) NAME BEFORE MARRIAGE *Mattie Walker* (15) PRESENT POSTOFFICE OF MOTHER *Ridgeville, S. C.* (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *19* (Years) (18) BIRTHPLACE *S. Car.* (19) OCCUPATION *Domestic* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* *9 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Martha Green*

(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)

(27) File

Oct 21 22 *W. H. Shuster*
 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 BINDING.

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, B. C.