

Form No. 3

(1) PLACE OF BIRTH

County of Spencer

Township of

or

Inc. Town of St. George

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

40032

Registration District No. 1703Registered No. 8

(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 Betty Jean

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

3. SEX
GIRL4. Twin
or Triplet? 15. Number in
order of birth 36. Are
Parents
Married? yes

7. DATE OF

BIRTH Dec 29, 1921
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to
mother, including present birth 314. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother
now living, including present birth 3

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan. 21, 1922(28) Betty Jean Local Registrar19
RegistrarWhen 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.