

Form No. 3

(1) PLACE OF BIRTH

County of *Hurstburg*Township of *Mt. Croghan*

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3444

Registration District No. *2A.7.*Registered No. *9*

(For use of Local Registrar)

City of

(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 *Jarvis Wesley*

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married
yes

(7) DATE OF BIRTH

Jan. 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Paul J. Atkinson(14) NAME BEFORE MARRIAGE
Lucie Privette(9) PRESENT POSTOFFICE OF FATHER
Mt. Croghan S.C.(18) PRESENT POSTOFFICE OF MOTHER
Mt. Croghan S.C.(10) COLOR OR RACE
white(11) AGE AT LAST BIRTHDAY
30
(Years)(16) COLOR OR RACE
white(17) AGE AT LAST BIRTHDAY
34
(Years)(12) BIRTHPLACE
S.C.(16) BIRTHPLACE
S.C.(15) OCCUPATION
Farming(19) OCCUPATION
House work(20) Number of children born to mother, including present birth
15(21) Number of children of this mother now living, including present birth
15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive at 2 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)
Lewis G. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Phy. Mt. Croghan S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

19(29) *G. B. Jackson*
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.

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 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.