

Form No. 3

## (1) PLACE OF BIRTH

County of Smyth  
 Township of Smith  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

5358

Registration District No. 4-107 Registered No. 20  
 (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 Matha Burwood

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

(3) BOY OR GIRL Girl (4) Type born (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 2 1923  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Tom Burwood</u>	(14) NAME BEFORE MARRIAGE <u>Marie Bell Laws</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lynchburg, Va.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg, Va.</u>
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(12) BIRTHPLACE <u>Smyth Co</u>	(16) BIRTHPLACE <u>Smyth Co</u>	(18) OCCUPATION <u>Farming</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:00 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Burwood  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg, Va.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed) L. B. McEwen

(27) Filed 2-10-23 (28) L. B. McEwen 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.

MAJIAN SUBMITTED FOR FILING  
 WITH PLAINLY WITH L. B. McEwen, JR., as a PHARMACY MEMBER  
 N. B. — is one of the L. B. McEwen, JR. and a separate blank for each child, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.