Form No. 3

(1) PLACE OF BIRTH

County of Calhoun

Township of Vinden

or

Inc. Town of Wallaceburg

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29776

Registration District No. 1409 Registered No. 17
(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 ..... (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 (Name of Month) (Day) (Year)
Boy	+	1	yes	Oct 14 1922

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: Hugh Reilly

(9) PRESENT POSTOFFICE OF FATHER: R F D Aiken

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Boston Mass

(13) OCCUPATION: Builder

(14) Number of children born to mother, including present birth: 1

MOTHER.

(15) NAME BEFORE MARRIAGE: Jewell Weiss

(16) PRESENT POSTOFFICE OF MOTHER: Wallaceburg SC

(17) COLOR OR RACE: White (18) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: S C.

(19) OCCUPATION: Housework

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. L. Turner

(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Wallaceburg SC

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct 24 1922 (28) Mrs Bronnie Pendergrass
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.