

Form No. 3

## (1) PLACE OF BIRTH

County of Dalmeida  
 Township of Barrow  
 or  
 Town of .....  
 or  
 City of .....

3/7/23  
**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only

41995

Registration District No. 1508 Registered No. ....  
 (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 not named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Becker Watford</u>	(14) NAME BEFORE MARRIAGE <u>Bell Jordan</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Samuel</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Samuel</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>SC</u>	(20) OCCUPATION <u>House duties</u>
(21) Number of children born to mother, including present birth <u>7</u>	(22) Number of children of this mother now living, including present birth <u>7</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(23) 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.)

(24) (Signature) W. L. Cooper (25) Address of Physician or Midwife Farmer SC

Often name added from a supplemental report

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

(27) Filed Jan 11 1923 (28) R. J. Chaplin 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.