

Form No. 3

(1) PLACE OF BIRTH

County of Cheslerfield
 Town of Cheslerfield
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3463

Registration District No. 1208 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child

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

1. BOY OR GIRL Girl 4. Twin or Triplet ☒ 5. Number in order of birth 1 6. Are Parents Married No 7. DATE OF BIRTH Jan 20 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME
 9. PRESENT POSTOFFICE OF FATHER
 10. COLOR OR RACE 11. AGE AT LAST BIRTHDAY (Years)
 12. BIRTHPLACE
 13. OCCUPATION
 20. Number of children born to mother, including present birth

MOTHER.

14. NAME BEFORE MARRIAGE Eliza M. Wilson
 15. PRESENT POSTOFFICE OF MOTHER Society Hill R. 3
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY (Years)
 18. BIRTHPLACE Cheslerfield Co.
 19. OCCUPATION House & farm work.
 21. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) William Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Society Hill, R. 3

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) D. Matheson
 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5

McCasar Columbia, Columbia S C