

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Floris

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42306

Registration District No. 20-ARegistered No. 378

(For use of Local Registrar)

(No. 7 Manning St.; One Ward)

(2) Full Name of Child

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

| | | | | |
|----------------------------|--------------------------------|---------------------------------------|-------------------------------------|------------------------------------------------------------------------|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec. 10, 1922</u> (Name of Month) (Day) (Year) |
|----------------------------|--------------------------------|---------------------------------------|-------------------------------------|------------------------------------------------------------------------|

FATHER.

(8) FULL NAME Hyman H. Hyman(9) PRESENT POSTOFFICE OF FATHER Floris(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Floris(13) OCCUPATION Gen. Conductor R. R.(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Gussie Hyman(15) PRESENT POSTOFFICE OF MOTHER Floris(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Floris(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Dec. 15, 1922 (28) P. H. Bughaw 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.