

Form No. 3

## (1) PLACE OF BIRTH

County of Memphis  
 Township of Hickory  
 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

42887

Registration District No. 2400 Registered No. 65  
 (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 Sarah E. Leath { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Leath  
 (9) PRESENT POSTOFFICE OF FATHER Hafford S.C.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (12) BIRTHPLACE Memphis Tenn  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Marion Holloman  
 (15) PRESENT POSTOFFICE OF MOTHER Hafford S.C.  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 38  
 (Years)  
 (18) BIRTHPLACE Memphis Tenn  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 11 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia H. Holloman  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hafford S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 18, 1922 (28) M. C. D. Holloman 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.