

Form No. 3

1. PLACE OF BIRTH
 County of Charleston
 Township of _____
 or
 City of Charleston
 (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
6248A

Registration District No. 9A Registered No. 464A
 (For use of Local Registrar)
 (No. 1 Sheppard St. St.; _____ Ward)

2. FULL NAME OF CHILD Helen Major { If child is not yet named, make supplemental report as directed.

BOY OR GIRL Girl 4. Twin or Triplet _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes 7. DATE OF BIRTH March 25, 1923
 To be answered only in event of Twins or Triplets (Name of Month (Day) (Year))

FATHER
 FULL NAME Isaac Major
 PRESENT POSTOFFICE OF FATHER City
 COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY _____ (Years)
 BIRTHPLACE Charleston, S.C.
 OCCUPATION Laborer
 Number of children born to mother, including present birth { 7

MOTHER
 NAME BEFORE MARRIAGE Mary Stephens
 PRESENT POSTOFFICE OF MOTHER City
 COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY _____ (Years)
 BIRTHPLACE Charleston, S.C.
 OCCUPATION Laundress
 21. Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P. M.)

23. Signature Francis Tucker her mark. [mark]
 24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife 36 Aiken St.

Given name added from a supplemental report
 _____ 192_____
 Registrar

26. _____ (Signature of Witness necessary only when question 23 is signed by mark)
 27. Filed Feb. 11th, 1930 28. Emma G. Pregnall. Local Registrar.

(Date of)

Address _____
 Filed 4/8, 19 23 J.M. Green, M.D.
 Registrar.

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