

Form No. 3

1) PLACE OF BIRTH

County of Chester
 Township of Hamlet
 or
 City of Hamlet
 or
 Town of Hamlet
 or
 City of Hamlet

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

File No.—For State Registrar Only

3397

Registration District No.

Registered No. 6
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

2) Full Name of Child Ethel Bell

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

BOY OR GIRL Girl (1) Twin or Triplet No (2) Number in order of birth 1 (3) Are Parents Married? Yes (4) DATE OF BIRTH 13 19 23
 (Name of Month) (Day) (Year)

FATHER

FULL NAME William McCassey
 PRESENT POSTOFFICE OF FATHER Great Falls N.C.
 COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 BIRTHPLACE Chester Co. S.C.
 OCCUPATION Farmer

Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Carrie M. Daniel
 (15) PRESENT POSTOFFICE OF MOTHER Great Falls N.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
 BIRTHPLACE Chester Co. S.C.
 (18) OCCUPATION Domestic

(19) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Ethel Bell on the date above stated. 10 9 A.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Mary Douglas(22) State whether Physician or Midwife Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) FIVE

13/23 W. M. M. M. M.
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.