

22 049249

Form No. 3

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N.B.—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.

## 1. PLACE OF BIRTH

County of Orangeburg  
 Township of .....  
 or  
 Inc. Town of Parley  
 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  
**02281**

 Registration District No. 3605 Registered No. ....  
 (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

Lewis Elizabeth Whitsett (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

Feb 17 1922  
 (Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

11. AGE AT LAST BIRTHDAY

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother now living, including present birth

## MOTHER

17. AGE AT LAST BIRTHDAY

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

 (Signature of Witness necessary only  
 when question 23 is signed by mark)
27. Filed April 11 1921
 28. M.B. Woodward, M.D.  
 Local Registrar

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.