

Form No. 3

(1) PLACE OF BIRTH

County of CharlestonTownship of Lowmyer

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Dorothy Virginia Enfinger

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? No(5) Number in order of birth One(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abie Enfinger(9) PRESENT POSTOFFICE OF FATHER Ravenscroft(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE near Ravenscroft(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Loring Hunt(15) PRESENT POSTOFFICE OF MOTHER Ravenscroft(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Adam Run S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Emily K. Read

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. H. Linnick

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

(27) Filed Aug. 21, 1922(28) W. H. Linnick

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.

N. B.—In case of TWINS OR TRIPLETS, this is a SUPPLEMENTAL REPORT. No. 1. THE OTHER, No. 2, etc., in question 5.
N. B.—In case of TWINS OR TRIPLETS, this is a SUPPLEMENTAL REPORT. No. 1. THE OTHER, No. 2, etc., in question 5.
N. B.—In case of TWINS OR TRIPLETS, this is a SUPPLEMENTAL REPORT. No. 1. THE OTHER, No. 2, etc., in question 5.