

Form No. 3

(1) PLACE OF BIRTH

County of HamptonTownship of Northor
Inc. Town ofor
City of(No. St.; Ward)
(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

42884

Registration District No. 2400. Registered No. 121
(For use of Local Registrar)(2) Full Name of Child Brother T. Deloach (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Deloach(9) PRESENT POSTOFFICE OF FATHER Eschell St(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Adair(15) PRESENT POSTOFFICE OF MOTHER Eschell St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION Farm Laborer(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 alive at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dolph Mulligan(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eschell St

Given name added from a supplemental report

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

(27) Filed Dec 10 1922 (28) H. C. Jackson 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 use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

MIDWIFE OF COLUMBIA, COLUMBIA, S. C.