

Form No. 3

(1) PLACE OF BIRTH

County of Sumter  
 Township of Butler  
 OF  
 Inc. Town of Windsor  
 OF  
 City of .....

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

File No. — For State Registrar Only  
**3663**

Registration District No. 1606 Registered No. 16  
 (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 Willie Gasbore

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

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>yes</u>	(5) DATE OF BIRTH <u>2-15-23</u> (Name of Month) (Day) (Year)
<b>FATHER</b> (6) FULL NAME <u>Abraham Gasbore</u> (7) PRESENT POSTOFFICE OF FATHER <u>Windsor</u> (8) COLOR OR RACE <u>negro</u> (9) BIRTHPLACE <u>Marion Co</u> (10) OCCUPATION <u>Farmer</u> (11) AGE AT LAST BIRTHDAY <u>45</u> (Year)				<b>MOTHER</b> (12) NAME BEFORE MARRIAGE <u>Lily Barker</u> (13) PRESENT POSTOFFICE OF MOTHER <u>Windsor</u> (14) COLOR OR RACE <u>negro</u> (15) BIRTHPLACE <u>Marion Co</u> (16) OCCUPATION <u>Farmer</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(18) Number of children born to mother, including present birth <u>4</u>				(19) Number of children of this mother now living, including present birth <u>4</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 2/27 1923 (28) W. L. Rogers 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.