

Form No. 3

(1) PLACE OF BIRTH

County of Fluence
 Township of Fluence
 or
 Inc. Town of Fluence
 or
 City of Fluence

CERTIFICATE OF BIRTH

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

File No.—for State Register Only

3793

Registration District No. 2-A-A Registered No. 62
 (For use of Local Registrar)

(No. 18 East Cedar St.) Word 2
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ralph Holmes Urean If child is not yet named, make supplemental report as directed

(3) SEX OR Male (4) Total or Triplet X (5) Number in order of birth ✓ (6) Age yr. (7) DATE OF BIRTH Feb 5, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold M. Urean(9) PRESENT POSTOFFICE OF FATHER Fluence, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Myrtleburg, S.C.(13) OCCUPATION Express Messenger(14) Number of children born to mother including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Catherine Payne(15) PRESENT POSTOFFICE OF MOTHER Fluence, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Cartersville, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Alfred M. S. (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of witness necessary only when question 23 is signed by mother)

5-23 P. H. Busham

When there was no child born, the mother, housekeeper, etc., should be interviewed as to the birth of the child. No report is required if a child has been born.