

Form No. 3

(1) PLACE OF BIRTH

County of Lumpkin

Township of .....

Inc. Town of .....

City of Lumpkin

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

498.1

Registration District No. 29

Registered No. 13

(For use of Local Registrar)

(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 Emma Lee Smith

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

(3) SEX OF CHILD Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH

Feb 22 28  
(Name of Month) (Day) (Year)

(8) FULL NAME

Emma Lee Smith  
FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Lumpkin, Ga.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

Lumpkin, Ga.

(13) OCCUPATION

Care Patron

(14) Number of children born to mother, including present birth

6

(15) NAME BEFORE MARRIAGE

Wiggins Lee Helman

(16) PRESENT POSTOFFICE OF MOTHER

Lumpkin, Ga.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

(Year)

(19) BIRTHPLACE

Need, Ga.

(20) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

Lumpkin, Ga. at 11 P.M.  
Born alive or stillborn Hour M or P M

(23) (Signature)

Dr. J. P. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lumpkin, Ga.

Have name and address of physician or midwife

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

3/6 23 (26) Dr. J. P. Smith  
Local Registrar

When (Date) is a child

should be returned to the Registrar

to be secured of the Registrar

DO NOT WRITE IN THESE SPACES OR THESE SPACES ARE RESERVED FOR THE USE OF THE BUREAU OF VITAL STATISTICS