

Form No. 3

(1) PLACE OF BIRTH

County of Colleton
 Township of Blake
 or
 Inc. Town of
 or
 City of

(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

41838

Registration District No. 1402 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Howard Traylor 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 No (6) Are Parents Married? No (7) DATE OF BIRTH Dec 16, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard Traylor(9) PRESENT POSTOFFICE OF FATHER White Hall St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Year)(12) BIRTHPLACE Col Co St.(13) OCCUPATION Farmer(23) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Gullard(15) PRESENT POSTOFFICE OF MOTHER White Hall St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
 (Year)(18) BIRTHPLACE Col Co St.(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 230 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Rebecca Traylor
 (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife White Hall St.

Given name added from a supplemental report

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

(29) Date Jan 6, 1923 (30) P. G. Huggins Local Registrar

*When there was no attending physician or midwife, 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.