

Form No. 3

(1) PLACE OF BIRTH

County of AllenTownship of Little Rockor
Inc. Town of Little Rockor
City of Little Rock

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only

34096

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1404Registered No. 1404
(For use of Local Registrar)(No. 1404 St.; 1404 Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Los Sunday New(9) PRESENT POSTOFFICE OF FATHER Little Rock(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Allen Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Mellie May Hordeman(15) PRESENT POSTOFFICE OF MOTHER Little Rock(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Allen Co(19) OCCUPATION wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Allen at 9 P M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) L. J. Hordeman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Allen Co

Given name added from a supplemental report

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

(27) Filed 1925/22 (28) W. J. 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.

MARGIN REMOVED FOR READING

WHEN PLACED, WITH VARIOUS INFORMATION IN A PERMANENT RECORD
N. B.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Vital Statistics, Columbia, S. C.