

FORM NO. 3.

(1) PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town ofCity of Killman, S.C.

(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

70218

Registration District No. 3801 Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 21</u> , 19 <u>46</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Wesley Knight(9) PRESENT POSTOFFICE OF FATHER Killman, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Richland County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Knight(15) PRESENT POSTOFFICE OF MOTHER Killman, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Richland County(19) OCCUPATION Farmer(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 born at 4:00 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) R. O. Whitaker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeKillman, S.C.

Given name added from a supplemental report

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

(27) Filled 191 (28) 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.