

Form No. 3

1) PLACE OF BIRTH

County of Darlington
 Township of Lanier
 or
 Town of
 or
 City of

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

File No.—For State Registrar Only
3595

Registration District No. 1504

Registered No.
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

2) Full Name of Child Willie Egan

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

BOY OR GIRL Girl (1) Twin or Triplet? (2) Number in order of birth (3) Are Parents Married? Yes (4) DATE OF BIRTH Feb 4, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 FULL NAME Boyd Dean
 PRESENT POSTOFFICE OF FATHER Lanier
 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27
 BIRTHPLACE SC
 OCCUPATION Public Work
 Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Sarah Holloway
 (15) PRESENT POSTOFFICE OF MOTHER Lanier
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:12 M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Cooper
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lanier SC

See name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)
 (27) Filed Feb 23, 1923 (28) H. J. Chaplin Local Registrar

If 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.