

Form No. 3

1. PLACE OF BIRTH

County of Charleston

City of Charleston

or

Town of Charleston

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

(No. Revised Supp. St.)

FILE No.—For State Registrar Only

3200 H

Registered No. 524

(For use of Local Registrar)

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

2. Full Name of Child Mary King Mord

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

3. SEX
GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

February 4 1923
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME George Macpherson Mord

9. PRESENT POSTOFFICE OF FATHER Charleston S.C.

10. COLOR OR RACE White

11. AGE AT LAST BIRTHDAY 43
(Years)

12. BIRTHPLACE Charleston S.C.

13. OCCUPATION Physician

14. Number of children born to mother, including present birth Four

MOTHER

15. NAME BEFORE MARRIAGE Catherine Parnell Terry

16. PRESENT POSTOFFICE OF MOTHER Charleston S.C.

17. COLOR OR RACE White

18. AGE AT LAST BIRTHDAY 33
(Years)

19. BIRTHPLACE Charleston S.C.

20. OCCUPATION House wife

21. Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive at 3:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature L. M. 7, 11277 (11277)

24. State whether Physician or Midwife

25. Address of Physician or Midwife 16 Lucas St. Charleston S.C.

Given name added from a supplemental report

26. Witness

(Signature of Witness necessary only when question 25 is signed by midwife)

27. Filed

4/26 1923 28. W. H. 710.

THIS CERTIFICATE MUST BE FILED IN THE OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS BEFORE THE FIFTH MONTH OF PREGNANCY.