

Form No. 3

(1) PLACE OF BIRTH

County of CalhounTownship of St. MatthewsInc. Town of St. MatthewsCity of St. Matthews

(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

Registration District No. 802

File No. — For State Registrar Only

41118Registered No. 43
(For use of Local Registrar)(2) Full Name of Child Addie Jewel Stack

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? —(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 26 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Stack(9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34

(Yes)

(12) BIRTHPLACE St. Matthews S.C.(13) OCCUPATION Clerk

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Dodd(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28

(Yes)

(18) BIRTHPLACE South Carolina(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 3(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 alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. K. Gaurey(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 30 22Nov. 30 22(28) A. R. Ahle

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.

REMARKS: PRESERVED FOR BINDING. WHEN UNFOLDING ENVELOPE IN A PERMANENT RECORD. WHEN PLACING IN CASE OF STAVING OR PRESERVING USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5. MEDICAL DEPARTMENT, COLUMBIA, S. C.