

(1) PLACE OF BIRTH

County of Cameron
 Township of Payson
 or
 Inc. 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

3078

Registration District No. 802Registered No. 1000
(For use of Local Registrar)

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

(2) Full Name of Child Mary Footman

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

(a) SEX OF CHILD girl (b) Type of Twin fraternal (c) Order in birth No. 1 (d) Are twins identical Yes (e) DATE OF BIRTH Feb. 12, 1923
 (Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME Luke Footman
 (b) PRESENT POSTOFFICE OF FATHER Cameron, N.C.
 (c) COLOR OR RACE negro (d) AGE AT LAST BIRTHDAY 38 (Year)
 (e) BIRTHPLACE Cameron N.C.
 (f) OCCUPATION Farm Hand

MOTHER.

(a) NAME BEFORE MARRIAGE Martha Jackson
 (b) PRESENT POSTOFFICE OF MOTHER Cameron, N.C.
 (c) COLOR OR RACE negro (d) AGE AT LAST BIRTHDAY 29 (Year)
 (e) BIRTHPLACE Cameron N.C.
 (f) OCCUPATION housewife

(g) Number of children born to mother, including present birth 112

(h) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
 (Born alive or stillborn) Hour M. or P. M.)

(2) (Signature) Sylvia A. Winters
 (3) State whether Physician or Midwife (4) Address of Physician or Midwife Cameron, N.C.

Given name added from a supplemental report

(5) Witness Mrs. J. K. Kelle
 (Signature of Witness necessary only when question 2 is signed by mark)

(6) Date Feb. 12, 1923 (7) J. F. Kelle
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.