

Form No. 3

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Salbert

OR

Inc. Town of .....

OR

City of San Luis Vol.

(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

42229

Registration District No. 1875 Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Joseph Clyde Corley

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>42232</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 13, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Clyde Corley(9) PRESENT POSTOFFICE OF FATHER Mil Cornmuck(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Edgefield Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Callison(15) PRESENT POSTOFFICE OF MOTHER Mil Cornmuck(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Greenwood Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ... M., on the date above stated.(23) (Signature) Mrs Clyde Corley (Born alive or stillborn) (Hour A. M. or P. M.)(24) State whether Physician or Midwife Mother (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Dec. 1922 (28) J. D. Hughes 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.