

Form No. 3

(1) PLACE OF BIRTH

County of St. StephensTownship of St. Stephens

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 75

File No.—For State Registrar Only

3261

Registered No. 4

(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 Leslie Carr

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

2. BOY OR GIRL B

4. Twin or Triplet?

(3) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Otto Carr(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Fanning(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Smith(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE St. Stephens(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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 A. M. or P. M.)(23) (Signature) Berna Middleton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 27, 1922(28) Local Registrar W. D. Pugh

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.