

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(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 18 1922(28) P. H. Brighman 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MICHIGAN OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42300

Registration District No. 20ARegistered No. 381

(For use of Local Registrar)

(No. 1622... Ballard... St.; ... Ward)

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

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boys

(4) Twin or Triplet?

Twin

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec. 10 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dave Stevenson

(9) PRESENT POSTOFFICE OF FATHER

Florence S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Florence S.C.

(13) OCCUPATION

Rail Road

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

Eight (8)

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Roberts

(15) PRESENT POSTOFFICE OF MOTHER

Florence S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Florence S.C.

(19) OCCUPATION

Domestic

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Midwife Germain Wright

(24) State whether Physician or Midwife

(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)

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