

Form No. 3

1) PLACE OF BIRTH

County of Lancaster

Township of 5

City of Beulah

State of South Carolina

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
24324

Registration District No. 1414 Registered No. 1
(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Heather Truman (If child is not yet named, make supplemental report as directed)

BOY OR GIRL Girl 3) Type of Birth 8 4) Name in order of birth 8 5) Are Parents Married Yes 6) DATE OF BIRTH Aug 8 1923
(Name of Month) (Day) (Year)

FATHER.
FULL NAME Richard Truman
PRESENT POSTOFFICE OF FATHER Bridges St
COLOR OR RACE C. (11) AGE AT LAST BIRTHDAY 37
BIRTHPLACE Lancaster Co
OCCUPATION Farmer
Number of children born to mother, including present birth 18

MOTHER.
(14) NAME BEFORE MARRIAGE Dorilla Simpson
(15) PRESENT POSTOFFICE OF MOTHER Bridges St
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Lancaster Co
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Mary Ann Davis (23) Date whether Physician or Midwife Physician (24) Address of Physician or Midwife Beulah

Even name added from a supplemental report

(25) Witness M. M. Stokes (Signature of Witness necessary only when question 22 is signed by mark)
(26) Filed Aug 11 1923 (27) M. M. Stokes Local Registrar

If 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.