

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
Township of Hartsville
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
41973

Registration District No. 13.02 Registered No. 120
(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 Prath Tedder (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Willie E. Tedder
(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Darlington Co. S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Willie Tedder
(15) PRESENT POSTOFFICE OF MOTHER Hartsville
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Darlington Co. S. C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hennetta Wilson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness W. J. M. Kager
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 8, 22 (28) 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.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.