

Form No. 3

(1) PLACE OF BIRTH

County of GreenvilleTownship of Onealor
Inc. Town ofor
City of(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 Carolyn Forester

File No.—For State Registrar Only

42791

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2213 Registered No. 102
(For use of Local Registrar)(3) ~~Boy or~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 31 1922
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Alexander Forester(9) PRESENT POSTOFFICE OF FATHER Green SC R# 3(10) COLOR White (11) AGE AT LAST BIRTHDAY 23
OR RACE American (Years)(12) BIRTHPLACE Greenville Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bentley Crain(15) PRESENT POSTOFFICE OF MOTHER Green SC R# 3(16) COLOR White (17) AGE AT LAST BIRTHDAY 23
OR RACE American (Years)(18) BIRTHPLACE Greenville Co SC(19) OCCUPATION Domestic(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 Born alive at 2:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Brackman

(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 Jan 12 1923 Albert W. Naves 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.