

Form No. 3

(1) PLACE OF BIRTH

County of FluenceTownship of Fluenceor
Inc. Town of Fluenceor
City of Fluence

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42315

Registration District No. 20-A Registered No. 389
(For use of Local Registrar)(No. 710 East Evans St.; 2 Ward)(2) Full Name of Child Orthy Louise Starnell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 19, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Starnell, Jr.(9) PRESENT POSTOFFICE OF FATHER Fluence, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Fluence, S.C.(13) OCCUPATION Automobile Mechanic(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Idathie Rebecca Hatchell(15) PRESENT POSTOFFICE OF MOTHER Fluence, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Effingham, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:25 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [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 12-28-22 (23) P. H. Brigham 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.