

Form No. 3

## (1) PLACE OF BIRTH

County of Berkley  
 Township of St. Stephens  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3266

Registration District No. 705 Registered No. 9  
 (For use of Local Registrar)

(2) Full Name of Child Robert Kadalen

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL B

4. Twin or Triplet?

5. Number in order of birth  
To be answered only in event of Twins or Triplets6. Are Parents Married? yes7. DATE OF BIRTH Feb. 9 19 22  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Wain Wain9. PRESENT POSTOFFICE OF FATHER St. Stephens10. COLOR OR RACE W11. AGE AT LAST BIRTHDAY 42  
(Years)12. BIRTHPLACE Mississippi13. OCCUPATION Farming

## MOTHER.

14. NAME BEFORE MARRIAGE Susan Regina15. PRESENT POSTOFFICE OF MOTHER St. Stephens R. 916. COLOR OR RACE W17. AGE AT LAST BIRTHDAY 23  
(Years)18. BIRTHPLACE Piserville19. OCCUPATION Farmer-wife20. Number of children born to mother, including present birth 921. Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was: born alive at 10 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James E. B. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mississippi

Given name added from a supplemental report

(26) Witness James Kadalen

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 28, 1922(28) Local Registrar James E. B.

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.