

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

Form No. 3

(1) PLACE OF BIRTH

County of Flourens  
Township of .....  
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

34334

Registration District No. 20-A

Registered No. 321  
(For use of Local Registrar)

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

(2) Full Name of Child Boys Kent Natquell

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 1923  
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME L. Herbert Natquell  
(9) PRESENT POSTOFFICE OF FATHER Flourens  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
(12) BIRTHPLACE Charleston  
(13) OCCUPATION mason  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Danton  
(15) PRESENT POSTOFFICE OF MOTHER Flourens  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE Laurens  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was white born 6 A. M. on the date above stated.

(23) (Signature) E. M. Steaks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Flourens, S. C.

Given name added from a supplemental report

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

(27) 10-7-22 P. H. Brigham  
Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this statement. 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.