

Form No. 3

(1) PLACE OF BIRTH

County of Franklin  
 Township of Marshall  
 or  
 Inc. Town of Cherryburg  
 or  
 City of Cherryburg

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2626

File No. — For State Registrar Only  
12280

Registered No. 2  
 (For use of Local Registrar)

St. 24 Ward

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

(2) Full Name of Child

3. BOY OR GIRL?

(4) Twin or Triplet  
 To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? 2

(7) DATE OF BIRTH Oct 25 1923  
 (Name of Month) (Day) (Year)

**FATHER**

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 24  
 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

20. Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 19  
 (Year)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

St. 24 M. or P. M.

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 12 1924

(28) W. B. Beck 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