

Form No. 3

(1) PLACE OF BIRTH

County of Greenville
 Township of Highland
 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

42765

Registration District No. 2211Registered No. 89
(For use of Local Registrar)

(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

Stokes

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Nov 30, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Thomas Stokes

(9) PRESENT POSTOFFICE OF FATHER

Greer SC #2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

11

MOTHER

(14) NAME BEFORE MARRIAGE

Hattie Forester

(15) PRESENT POSTOFFICE OF MOTHER

Greer SC #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10:30 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

T. B. Morrow

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Campbell SC #2

Given name added in a supplemental report

(26) Witness

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

(27) Filed

Jun 9, 23

(28)

S. J. Wilson
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.

REGARD OF COLUMBIA, COLUMBIA, S. C.
 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.