

Form No. 3

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
40634

(1) PLACE OF BIRTH

County of AikenTownship of Wards

or

Inc. Town of

or

City of

Registration District No. 211 Registered No. 3
(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 Charles McKinley Cumbee (child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 10 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Barley Cumbee</u>	(14) NAME BEFORE MARRIAGE	<u>Jessie Sanders</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Ridge Spring SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Ridge Spring SC</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE	<u>Aiken Co SC</u>	(18) BIRTHPLACE	<u>Aiken Co SC</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>House wife</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. B. Frontis(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridge Spring SC

Given name added from a supplemental report

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

(27) Filed Jan 11 1924 (28) H. E. Demery 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.

MARGIN RESERVED FOR BINDING.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.