

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
 Township of Lanham
 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

41992

Registration District No. 1504 Registered No. 120
 (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 live about 20 minute

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

3) BOY OR GIRL <u>GIRL</u>	4) Twin or Triplet? <u>no</u>	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec. 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER.
 3) FULL NAME Dac Mashack
 4) PRESENT POSTOFFICE OF FATHER Lanham
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 20
 (Years)
 12) BIRTHPLACE SC
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 2

MOTHER.
 14) NAME BEFORE MARRIAGE Beck Smith
 15) PRESENT POSTOFFICE OF MOTHER Lanham
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 22
 (Years)
 18) BIRTHPLACE SC
 19) OCCUPATION House duties
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Hannah Mashack
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lanham SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec. 29, 1922 (28) R. J. Chapman 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.

N. M.—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.

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