

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

Inc. Town or

City of Albany

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34347

Registration District No. 20-A Registered No. 336

(For use of Local Registrar)

(No. 5 S. Hardin St.; 2 Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 22</u>
				(8) (Month of birth) (Day) (Year)

FATHER		MOTHER	
(9) FULL NAME <u>Edw. Barney Montford</u>	(14) NAME BEFORE MARRIAGE <u>Lily May Lyle</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Albany</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Albany</u>		
(11) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>28</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(13) BIRTHPLACE <u>Albany Co., N.C.</u>	(18) BIRTHPLACE <u>Albany Co., N.C.</u>		
(19) OCCUPATION <u>Automobile Mechanic</u>	(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>5</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) [Signature](25) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 10-18-22 P. H. Brighan 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.

PAPER 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.