

Form No. 3

(1) PLACE OF BIRTH

County of ColletonTownship of Beake

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

41841

Registration District No. 1407

Registered No.

(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 Elizabeth James

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report:

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

(27) Date Dec 12 1922 (28) J. G. H. H. Local Registrar

When there was no attending physician or midwife, the father, mother, householder, etc., should make this return. If a child breathes even once, it is a birth. No report is desired of stillbirths.

N. M. - To name of TWIN or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. Fill OTHER, No. 2, etc. in question 4.

N. M. - To name of TWIN or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. Fill OTHER, No. 2, etc. in question 4.