

Form No. 3

PLACE OF BIRTH

City of ChesterfieldTownship of P. M. Lee

or

City of

(No. St.; Ward)

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

Full Name of Child Isaac Burns

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

(1) SEX OR SEX? Boy (2) Twin or Triplets? Twin (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH Oct 14 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

Full Name

Present Postoffice of Father

Color or Race Negro (11) AGE AT LAST BIRTHDAY (Years)

Birthplace

Occupation

Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Burns(15) PRESENT POSTOFFICE OF MOTHER Cheraw, R. 2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 28 (Years)

(18) BIRTHPLACE Chesterfield Co.(19) OCCUPATION Farm house work.(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vivian Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cheraw, R. 2

Name added from a supplemental report

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

(27) Filed 19 (28) D. S. Weather

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.

File No.—For State Registrar Only

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