

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
 Township of Spartanburg
 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

41996

Registration District No. Registered No.
 (For use of Local Registrar)

City of (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 John Samuel {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 Dec 31, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carigan Hollander(9) PRESENT POSTOFFICE OF FATHER Le(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32
 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Samuel(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 30
 (Year)(18) BIRTHPLACE SC(19) OCCUPATION House duties(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miller Cooper(24) State whether—Physician or Midwife (25) Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report

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

(27) Filed Jan 11, 1923 (28) R. J. Chaplin
 Registrar 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.