

FORM NO. 3

(1) PLACE OF BIRTH

County of Anderson
Township of Fork

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

71265

Only

or
Inc. Town of Registration District No. 206 Registered No. 790
(For use of Local Registrar)
or
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. Emeline Lee { If child is not yet named, make supplemental report as directed.(3) ~~MALE~~ GIB? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 14, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Eliat Lee(8) PRESENT POSTOFFICE OF FATHER Townville S.C.(9) COLOR OR RACE Black (10) AGE AT LAST BIRTHDAY 22 (Years)(11) BIRTHPLACE Anderson S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Williams(15) PRESENT POSTOFFICE OF MOTHER Townville S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Fork Anderson S.C.(19) OCCUPATION Farmer(20) 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 Black at 10 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) George Amey Singleton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Widwife

Given name added from a supplemental report

(26) Witness D. H. McClair
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sep 4, 1916 (28) D. H. McClair 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.