

MARGIN 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. McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of *Newberry*
Township of *Caldwell #2*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
73989

Inc. Town of or Registration District No. *3400* Registered No. *26*
(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... *Rosalee Hentz* ... } 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? *Yes* (7) DATE OF BIRTH *Aug. 30, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Eliott Hentz*
(9) PRESENT POSTOFFICE OF FATHER *Newberry*
(10) COLOR OR RACE *Wesn* (11) AGE AT LAST BIRTHDAY *36* (Years)
(12) BIRTHPLACE *Newberry*
(13) OCCUPATION *Road Laborer*
(20) Number of children born to mother, including present birth { *0* }

MOTHER.
(14) NAME BEFORE MARRIAGE *Margitue Kelly*
(15) PRESENT POSTOFFICE OF MOTHER *Newberry*
(16) COLOR OR RACE *Wesn* (17) AGE AT LAST BIRTHDAY *34* (Years)
(18) BIRTHPLACE *Newberry*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth { *3* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Adeline Caldwell*
(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Newberry S.C.*

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Aug. 1916* (28) *E. H. Moore* 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.