

FORM NO. 3.

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

File No.—For State Registrar Only

70780

(1) PLACE OF BIRTH  
County of Wm.burg  
Township of Iron  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. 43.03 Registered No. 53  
(For use of Local Registrar)  
St.; ..... Ward)  
(No. ....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bortell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? M (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1911  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John H. Bortell  
(9) PRESENT POSTOFFICE OF FATHER Nox-  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 57 (Years)  
(12) BIRTHPLACE So  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 10

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Sallie Coleman  
(15) PRESENT POSTOFFICE OF MOTHER Nox  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 43 (Years)  
(18) BIRTHPLACE So  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was born, at 4 a M., (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife Johnsville So

Given name added from a supplemental report ..... 191.....  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filled 7/7 191..... (28) C. C. Daniel 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.

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