

FORM NO. 3

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

80631

Registration District No. 901

Registered No. 41

(For use of Local Registrar)

(No.)

St.

Ward

(2) Full Name of Child

Bingeman Flagg

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Flagg

(9) PRESENT POSTOFFICE OF FATHER

W. B. Flagg & Co.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Labourer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lorra Pinkney

(15) PRESENT POSTOFFICE OF MOTHER

W. B. Flagg & Co.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Domestic

(21) 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 alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

L. W. Flagg

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed

Nov 27 1916

(28)

J. L. Landon

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.

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.

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