

FORM NO. 3

(1) PLACE OF BIRTH

County of BerkeleyTownship of 2nd St

or

Inc. Town of Garnes

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

58820

Registration District No. 701 Registered No. 211

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Meard(14) NAME BEFORE MARRIAGE Florence(9) PRESENT POSTOFFICE OF FATHER Summersville(15) PRESENT POSTOFFICE OF MOTHER Summersville S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Berkeley C.O.(18) BIRTHPLACE Calvinton C.O.(13) OCCUPATION Farmer(19) OCCUPATION House Work(20) Number of children born to mother, including present birth 1 One(21) Number of children of this mother now living, including present birth 1 One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at Six A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lizzie Mayzek

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Summersville S.C.

Given name added from a supplemental report

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

(27) Filed May 29 1916 (28) P. G. Harmon 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. McChaw, of Columbia.