Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85665

(1) PLACE OF BIRTH

County of Florence

Township of Timmonsville

or

Inc. Town of ..... Registration District No. 2011 Registered No. ~~107~~ 108
(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 Albert James { 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?	(7) DATE OF BIRTH
Boy	✓	✓	Yes	Nov. 8, 1916 (Name of Month) (Day) (Year)

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Albert James

(9) PRESENT POSTOFFICE OF FATHER Timmonsville R7D4

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Darlington County

(13) OCCUPATION Field Laborer

(20) Number of children born to mother, including present birth { 2 Live

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Mack

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville R7D4

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Darlington County

(19) OCCUPATION Field Laborer

(21) Number of children of this mother now living, including present birth { 2 Live

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. K. Foster M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Timmonsville 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 12/3/16 1916 (28) W. P. Mauney
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.

McCaw, of Columbia.