

FORM NO. 3. MARGIN RESERVED FOR INDEXING. WHITE PLAINLY, WITH LEADING 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.

(1) PLACE OF BIRTH

County of *Wayne*

Township of *Waterloo*

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

46731

Registration District No. *207*

Registered No. *10*

(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? *X*

(5) Number in order of birth *2*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *No*

(7) DATE OF BIRTH

Jan 15 1911

(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME

Wm Corn

(9) PRESENT POSTOFFICE OF FATHER

Waterloo, Ia

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Greenwood Co, Ia

(13) OCCUPATION

Section hand

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

James Cook

(15) PRESENT POSTOFFICE OF MOTHER

Waterloo, Ia

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Newberry Co

(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 *born* at *Waterloo, Ia* on the date above stated. (Hour A. M. or P. M.)

Died 1 1/2 hours
see death entry

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 9 1911*

(28) *F B Bland* 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.

Local Registrar

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