

Form No. 3

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

File No.—For State Registrar Only
80473

(1) PLACE OF BIRTH
 County of Cathay
 Township of Lowndes
 or Town of Lowndes
 or City of Lowndes
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 803 Registered No. 97
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child Mary Elizabeth Walling
 If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct-17 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo B Walling (14) NAME BEFORE MARRIAGE Le no Kennedy
 (9) PRESENT POSTOFFICE OF FATHER Fors-Matthe (15) PRESENT POSTOFFICE OF MOTHER Fors-Matthe
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Years) (Years)
 (12) BIRTHPLACE Fors-Matthe (18) BIRTHPLACE Fors-Matthe
 (13) OCCUPATION farmer (19) OCCUPATION wife
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) G. M. M. P. R. P. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fors-Matthe

Given name added from a supplemental report.

(26) Witness Mrs J. D. Stoudemire
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct-24-1916 (28) J. D. Stoudemire
 Registrar 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.
 WHITE 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.

McGraw-Hill