

Form No. 3

(1) PLACE OF BIRTH  
 County of Cathoway  
 Township of Orlando  
 or  
 Inc. Town of Lowville  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ instead of street and number.)  
 (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  
80473

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? \_\_\_\_\_ (4) Twin or Triplet?  (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct-17 1916  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Geo G Walling  
 (9) PRESENT POSTOFFICE OF FATHER Fors-Mattese  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Fors-Mattese  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Leola Kemmery  
 (15) PRESENT POSTOFFICE OF MOTHER Fors-Mattese  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Fors-Mattese  
 (19) OCCUPATION wife  
 (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 \_\_\_\_\_ (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) G. M. M. P. P.  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Fors-Mattese

Given name added from a supplemental report.  
 \_\_\_\_\_ 191\_\_\_\_\_  
 Registrar

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

(27) Filed Oct-24 1916 (28) J. D. Stouderman  
 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.  
 McCaw of Columbia.