

Form No. 3

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

(1) PLACE OF BIRTH *Calhoun*
 County of *Calhoun*
 Township of *One Line*
 or *Low Stase*
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
 80474

(2) Full Name of Child *Eddie Plusk* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct. 19 1916*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Richard Plusk*
 (9) PRESENT POSTOFFICE OF FATHER *Fort-Mott SC*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *28* (Years)
 (12) BIRTHPLACE *Fort-Mott SC*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *3*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Corcelia Tomlinson*
 (15) PRESENT POSTOFFICE OF MOTHER *Fort Mott SC*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *22* (Years)
 (18) BIRTHPLACE *Fort-Mott SC*
 (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) *James C. Pelham*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Fort Mott SC*

Given name added from a supplemental report
 191.....

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

(27) Filed *Oct. 25 1916* (28) *J. D. Stondum*
 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