

FORM NO. 3.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47108

Inc. Town of Registration District No. 9616 Registered No. 4
(For use of Local Registrar)
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 Queen Schwab { 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan, 14th, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Schwab(9) PRESENT POSTOFFICE OF FATHER Looper, S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 16 (Years)(12) BIRTHPLACE Orangeburg, S.C.(13) OCCUPATION Carm Laborer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Jamison(15) PRESENT POSTOFFICE OF MOTHER Looper, S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION Day Laborer(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) K. W. Little & J. J. Little

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Looper, S.C.

Given name added from a supplemental report

(26) Witness R. H. Kozmery
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 21, 1916 (28) R. H. Kozmery
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.
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