

FORM NO. 3  
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.

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(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		70381	
Township of <u>Beulah Springs</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4000</u>	Registered No. <u>39</u>		
or		(For use of Local Registrar)			
City of		(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)	St. <u>          </u>	Ward <u>          </u>	
(2) Full Name of Child <u>Annie Bell Gurdett</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 8</u> 19 <u>16</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Jackson Gurdett</u>	(14) NAME BEFORE MARRIAGE <u>Inez Rogers</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Wellford S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wellford S.C.</u>				
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>	(18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>				
(20) Number of children born to mother, including present birth <u>Eight (8)</u>	(21) Number of children of this mother now living, including present birth <u>Seven (7)</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:45</u> P.M., on the date above stated. (Born alive or stillborn) (Hour <u>  </u> or P. M.)					
(23) (Signature) <u>J. O. Gorman</u>		(24) State whether Physician or Midwife			
(25) Address of Physician or Midwife <u>Physician Wellford S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
, 191		(27) Filed <u>Aug 15</u> 191 <u>6</u> (28) Local Registrar			
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.

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