

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.

FORM NO. 3

(1) PLACE OF BIRTH
 County of *Greenville*
 Township of *Slusky mt.*
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
43014

Registration District No. *2 2.05* Registered No. *114*
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Katherine Plumley* } 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 (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec. 16, 1914*
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Alexander Plumley*
 (9) PRESENT POSTOFFICE OF FATHER *Lansdown S.C.*
 (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *35*
 (Years)
 (12) BIRTHPLACE *Greenville Co. S.C.*
 (13) OCCUPATION *Farming*
 (14) Number of children born to mother, including present birth *5*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Priscilla Campbell*
 (15) PRESENT POSTOFFICE OF MOTHER *Lansdown S.C.*
 (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32*
 (Years)
 (18) BIRTHPLACE *Greenville Co. S.C.*
 (19) OCCUPATION *Housewife*
 (20) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was *alive* at *12* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Dr. Tothman*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Lansdown S.C.*

Given name added from a supplemental report
 191
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Jan. 3, 1915* (28) *J. V. Phillips* 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.