

MARGIN RESERVED FOR BINDING.

FORM NO. 3

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only
74649

County of Spartanburg
Township of "
Inc. Town of "
City of "
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 40-a Registered No. 304
(For use of Local Registrar)
(No. 82 Braumont St.; 4 Ward)

(2) Full Name of Child. Walter Burton Ivester { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet's</u>	(5) Number in order of birth <u>20</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 17, 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Albert D. Ivester</u> (9) PRESENT POSTOFFICE OF FATHER <u>Braumont mill Spartanburg S.C.</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>20</u> (Years) (12) BIRTHPLACE <u>Chesnut Co. N.C.</u> (13) OCCUPATION <u>mill work</u> (20) Number of children born to mother, including present birth { <u>one</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Olis Matilda Christy</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) (18) BIRTHPLACE <u>Spartanburg S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth { <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. B. Lancaster M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report <u>.....</u> , 191..... <u>.....</u> Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>.....</u> (27) Filed <u>Sept. 1, 1916</u> (28) <u>Jas Cope</u> Local Registrar
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*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.