

FORM NO. 3.

(1) PLACE OF BIRTH

County of WaynesTownship of Armedor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49937

Registration District No. 3/02 Registered No. 121

(For use of Local Registrar)

(2) Full Name of Child. Clara Richard } 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 27 1906
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Warren Richard(9) PRESENT POSTOFFICE OF FATHER Whitman, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Lanens, D.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Davis(15) PRESENT POSTOFFICE OF MOTHER Whitman, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Wadega, D.(19) OCCUPATION Housewife(21) Number of children of this mother new living, including present birth 1

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) Allen D. Rubin

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

Midwife Kinards, R.F.D.

Given name added from a supplemental report

(26) Witness Lavinia Sola Davis (Signature of Witness necessary only when question 28 is signed by mark)(27) Filed Mar 8 1906 (28) J. L. K. Suman 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.

M. R.—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.

McClaw, of Columbia.