Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
62966

(1) PLACE OF BIRTH
County of Anderson
Township of Belton
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 300 Registered No. 94
(For use of Local Registrar)
St.; Ward)
(No.

(2) Full Name of Child Margaret Lena May Black. 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 June 22, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Tyler Black
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Gambrell
(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Anderson Co S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret X Greer
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Belton SC Rfd no 3

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness Mary Gambrell
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 24 1916 (28) J. E. Acker
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.

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.