

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Greenwood
 or
 Inc. Town of Registration District No. 2306
 or
 City of (No. St.; Ward)
 (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
85919

Registered No. 171
 (For use of Local Registrar)

(2) Full Name of Child Wm Hayden Suits } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>3</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Nov 10</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Wm Rufus Suits</u>		(14) NAME BEFORE MARRIAGE <u>Lesie Owens</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Lexington S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Jackson S.C.</u>	
(13) OCCUPATION <u>rice operative</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:25 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Dymmes, M.D.

(24) State whether Physician or Midwife (25) (Address of Physician or Midwife)
Dr. Greenwood, 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 Dec 4 1916 (25) L. R. Bradley
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.

Handwritten notes on the right margin.

Vertical text on the far right edge of the page.