

FORM NO. 3

(1) PLACE OF BIRTH

County of Horry

Township of Greenwood

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) No. _____ St. _____ Ward _____

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

File No. For State Registrar Only
64818

Registration District No. 2506 Registered No. 35

(2) Full Name of Child William Franklin Bridges If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twin or Triplet's</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Memory Bridges

(9) PRESENT POSTOFFICE OF FATHER Loris S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Horry County

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE A. L. Hardee

(15) PRESENT POSTOFFICE OF MOTHER Loris S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Horry County

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at _____ (Born alive or stillborn) _____ (Signature) G. O. Clark, M.D. (M.D., D.O., or P.M.) on the date above stated.

(23) (Signature) Clonisia Bullard
(24) State whether Physician or Midwife Midwife (25) Address of _____ Loris 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 June 8 1916 (28) J. D. ... 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.

FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.
McCall of Columbia

Only

Registrar
Ward

make noted

6
(Year)

6
(Years)

G. O. Clark, M.D.
or P.M.)

Midwife

Registrar

turn. If
the