

FORM NO. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

City of

Registration District No. 204 Registered No. 82
(For use of Local Registrar)(2) Full Name of Child Clara Pope } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 3 1916</u>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Laura Pope

(9) PRESENT POSTOFFICE OF FATHER Flagmont

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE St. Helena S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Scott

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE St. Helena S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Flora Scott(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Flagmont S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness A. J. Danier (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 1916 (28) W. T. Crocker 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. 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63214