

FORM NO. 3.

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of _____

City of _____

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

(2) Full Name of Child Clara PopeFile No.—For State Registrar Only
63214

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 204 Registered No. 82

(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Laurance Pope
(9) PRESENT POSTOFFICE OF FATHER Flagmont
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE St. Helena
(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
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE St. Helena
(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 alive at 10 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Flora Scott(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Flagmont

Given name added from a supplemental report

(26) Witness A. R. Danner (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1916 (28) W. P. 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.