

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.

Form No. 3.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkeley
Township of St. James
or
Town of Greenville
or
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
84470

Registration District No. 701 Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 10, 1916
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doty J. Rhoads
(9) PRESENT POSTOFFICE OF FATHER Strawberry, S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(12) BIRTHPLACE Bamberg Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Geneva Parker
(15) PRESENT POSTOFFICE OF MOTHER Strawberry, S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(18) BIRTHPLACE Berkeley Co.
(19) OCCUPATION House-wife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Edmund M. Simmons (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife SUMMERVILLE, S. C.

Given name added from a supplemental report

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

(27) Filed Nov. 10, 1916 (28) R. G. H. H. H. 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.

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