Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
54097

(1) PLACE OF BIRTH

County of Williamsburg

Township of Turkey

or
Inc. Town of ..... Registration District No. 4311 Registered No. 23 (For use of Local Reistrar)

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

(2) Full Name of Child [illegible] If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
girl		To be answered only in event of Twins or Triplets	yes	Nov. 22, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME [illegible]	(14) NAME BEFORE MARRIAGE [illegible]
(9) PRESENT POSTOFFICE OF FATHER [illegible]	(15) PRESENT POSTOFFICE OF MOTHER [illegible]
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Williamsburg	(18) BIRTHPLACE Williamsburg
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth four	(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 1 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed [illegible] 1916 (28) [illegible] 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.

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.