

FORM NO. 3.

(1) PLACE OF BIRTH

County of LeeTownship of Mechanicsville

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

86445

Registration District No. 300.3Registered No. 52

(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child Katherine Myers } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 6 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Myers(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Lee Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Samie Cook(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Lee Co. S.C.(19) OCCUPATION House Wif(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 alive at 2:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bella P. Baker

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

mid wife Bishopville S.C.C. P. Baker

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

C. P. Baker(27) Filed 12/3 1916 (28) C. P. Baker Local Registrar

Given name added from a supplemental report

191

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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia