

FORM NO. 3.

## (1) PLACE OF BIRTH

County of MaconTownship of Beaver

Inc. Town of .....

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

49837

Registration District No. 32 Registered No. 204

(For use of Local Registrar)

(2) Full Name of Child Eveline Platt { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 28</u> <u>1914</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Not Legitimate(9) PRESENT POSTOFFICE OF FATHER ✓(10) COLOR OR RACE ✓ (11) AGE AT LAST BIRTHDAY ✓ (Years)(12) BIRTHPLACE ✓(13) OCCUPATION ✓(20) Number of children born to mother, including present birth { 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Roberts(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C. R #2(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Marian County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth { Nine

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive 5 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Sallie C. Cobb

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

MidwifeMullins S.C. R #2

Given name added from a supplemental report

(26) Witness J. C. Moody (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 7 1914 (28) J. C. Moody 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