

Form No. 3

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Beaufort  
 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

80314

Registered No. 99 B 62  
(For use of Local Registrar)(2) Full Name of Child Sidney Black

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parent Married? Yes(7) DATE SEP 31 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Stephen Black

(9) PRESENT POSTOFFICE OF FATHER

Port Royal S.C.

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE

Beaufort County.

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ida Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Port Royal S.C.

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE

Beaufort County.

(19) OCCUPATION

Housewife

(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 10:00 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Margaret Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifePort Royal, 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 9-16-1916(28) M.B. Cople

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.

\*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.

McClaw of Columbia