

FORM NO. 3.

(1) PLACE OF BIRTH
County of Fairfield
Township of # 10
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

52098

Registration District No. 1909 Registered No. 11
(For use of Local Registrar)
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. Alice Willingham } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 11 1911
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Willingham

(9) PRESENT POSTOFFICE OF FATHER Wilmington S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Fairfield Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Davis

(15) PRESENT POSTOFFICE OF MOTHER Wilmington S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Fairfield Co. S.C.

(19) OCCUPATION Domestic

(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 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Gladney

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

Midwife | Wilmington S.C.

(26) Witness Mrs. E. S. Driddy
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 14 1911 (28) E. S. Driddy
Local Registrar

Given name added from a supplemental report

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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.