

Form No. 3

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

or

Inc. Town of

or

City of

Registration District No.

File No.—For State Registrar Only

77275

2209

Registered No.

434

(For use of Local Registrar)

(No. Church)

272

St.; 137

Ward)

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

## (2) Full Name of Child

Royce Springfield

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?

(7) DATE OF BIRTH

June 6, 1916

To be answered only in event of Twins or Triplets

(Name of Month)

(Year)

## FATHER.

(8) FULL NAME

David Springfield

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Greenville St

(13) OCCUPATION

Farmer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Leticia Gorsett

(15) PRESENT POSTOFFICE OF MOTHER

Greenville St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Anderson, S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12:00 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Greenville St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sep 13, 1916

(28)

A. H. Mackey

Local Registrar

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.

\*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.