

FORM NO. 3.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
54354

(1) PLACE OF BIRTH
County of Union
Township of Shultz
or
Inc. Town of
or
City of

Registration District No. 213 Registered No. 11
(For use of Local Registrar)

(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 Roscoe May Delormont

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Yes

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE May 30 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Heavily Delormont

(9) PRESENT POSTOFFICE OF FATHER W. Augusta

(10) COLOR OR RACE W. K. (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Edgemoor

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Delormont

(15) PRESENT POSTOFFICE OF MOTHER W. Augusta

(16) COLOR OR RACE W. K. (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE W. K.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. K.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. K.

Given name added from a supplemental report

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

(27) Filed 191 (28) 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 READING.

WHITE PLAINS. WITH CLIPPING TAB—THIS IS A PERMANENT RECORD. FOR EACH CHILD, AND MARK THE

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 3.

McCauley of Columbia