FORM NO. 3.

(1) PLACE OF BIRTH

County of Florence

Township of ..."

or

Inc. Town of

or

City of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
49005

Registration District No. 20-A Registered No. 36
(For use of Local Registrar)

(No. 102 E. St. Pine (N) Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Varil James } 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 Feb, 16, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Arthur James	(14) NAME BEFORE MARRIAGE Alice Howe
(9) PRESENT POSTOFFICE OF FATHER Florence ~~26~~ S.C.	(15) PRESENT POSTOFFICE OF MOTHER Florence. S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Colored. (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE ~~Pinter~~ Florence Co	(18) BIRTHPLACE Florence Co. S.C. ~~House work~~
(13) OCCUPATION House Painter	(19) OCCUPATION House work
(20) Number of children born to mother, including present birth } 2	(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 o'clock a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hannah L. Connor

(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Florence S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness C. C. Craft M.D.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 22 1916 (28) C. C. Craft M.D. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
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.