

FORM NO. 3.

(1) PLACE OF BIRTH

County of LeeTownship of Mt. Calhoun

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.)

(2) Full Name of Child

Lizzie 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

Is to be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry James

(9) PRESENT POSTOFFICE OF FATHER

St. Charles

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

Lee SC

(13) OCCUPATION

Farmer

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

1

(14) NAME BEFORE MARRIAGE

Ludie Bradley

(15) PRESENT POSTOFFICE OF MOTHER

St. Charles

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Lee SC

(19) OCCUPATION

House & farm laborer

(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 alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

mid wife

(25) Address of Physician or Midwife

Martha Drimmer

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan. 23, 1916(28) J. M. Smith 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.

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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
49743