

Form No. 3

(1) PLACE OF BIRTH

County of SptbgTownship of Liberty

or

Inc. Town of Sptbg

or

City of Sptbg

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66155

Registration District No. 40-A Registered No. 948

(For use of Local Registrar)

City of Liberty St. Liberty Ward Liberty

(2) Full Name of Child

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH June 5, 1916

FATHER.

MOTHER.

(8) FULL NAME Wm. Normand(14) NAME BEFORE MARRIAGE Bernice Wilson(9) PRESENT POSTOFFICE OF FATHER Spartanburg(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 21 (Years)(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Spartanburg(18) BIRTHPLACE Spartanburg Co.(13) OCCUPATION farmer(19) OCCUPATION housewife(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 21 8 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. H. Griffin

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

(midwife) 734 W. Main St.

Given name added from a supplemental report

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

(27) Filed July 1, 1916 (28) Jas. Copen 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.
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