

FORM NO. 3.

(1) PLACE OF BIRTH

County of LowTownship of Mt. Pelier

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49744

Registration District No. 3.0.1.4 Registered No. 3

(For use of Local Registrar)

St.; Ward)

(No.)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>In be answered only in event of Twin or Triplet's</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Junter Ramsey(9) PRESENT POSTOFFICE OF FATHER Bishopville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Labour

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jones(15) PRESENT POSTOFFICE OF MOTHER Bishopville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer Labour

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waduckey

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed Feb 11 1916 (28) Marta 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.

M.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.