

FORM NO. 3.

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Anderson*

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

File No.—For State Registrar Only
70749

Inc. Town of Registration District No. *H300* Registered No. *24*
(For use of Local Registrar)
City of (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... *Eddy G. Mcbulcher* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? BOY GIRL
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? *Yes*
(7) DATE OF BIRTH *June 28, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Eddy Mcbulcher*
(9) PRESENT POSTOFFICE OF FATHER *Irid*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23* (Years)
(12) BIRTHPLACE *Id*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *13*

MOTHER.

(14) NAME BEFORE MARRIAGE *Alice Brightman*
(15) PRESENT POSTOFFICE OF MOTHER *Irid*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *20* (Years)
(18) BIRTHPLACE *Id*
(19) OCCUPATION *Field work*
(21) Number of children of this mother now living, including present birth *12*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5* *A.M.* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *Sarah Prosser*
(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Irid S C*

Given name added from a supplemental report

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

(27) Filled *7* *7* 191*6* (28) *G. W. Lambdin* 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. McCraw of Columbia.