

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of (No. of Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

65845

Registration District No. 2617

Registered No. 62

(For use of Local Registrar)

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. M.—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 2.

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is by record only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Michener

(9) PRESENT POSTOFFICE OF FATHER

Newman S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

43 (Years)

(12) BIRTHPLACE

Crawford County S.C.

(13) OCCUPATION

Farmer

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

9

MOTHER.

(15) NAME BEFORE MARRIAGE

Rosa Rice

(16) PRESENT POSTOFFICE OF MOTHER

Newman S.C.

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

35 (Years)

(19) BIRTHPLACE

Crawford County S.C.

(20) OCCUPATION

Housewife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12-9 M. on the date above stated. (Sign after stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. H. Williams

(24) State whether Physician or Midwife, and address of Physician or Midwife

Midwife J. Williams

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by parent)

(26) Filed

June 20, 1916

(27)

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.