

FORM NO. 3  
 CHARGES BY SERVICE FOR BINDING  
 WHERE PLAINLY VISIBLE 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, N. C.

(1) PLACE OF BIRTH  
 County of Lexington STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Deep Creek State Board of Health

File No.—For State Registrar Only  
78074

or  
 Inc. Town of ..... Registration District No. 3/08 Registered No. .... 25-  
 or  
 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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Aug 26</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Calena Ruiz</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. Jessie Hunter</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lilbert S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lilbert S. C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(18) BIRTHPLACE <u>S. C.</u>
(12) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>			

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) ..... P. A. Smith, M. D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Lilbert S. C.

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 Oct 10 1916. (28) T. J. Stull  
 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.

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