

MARGIN RESERVED FOR INDEXING.  
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

FORM NO. 3.

(1) PLACE OF BIRTH

County of Sumter, S.C.  
Township of .....

or  
Inc. Town of .....  
or  
City of Sumter (No. 10 Stone Par St.; ..... Ward)  
(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  
**50559**

(2) Full Name of Child. Agnes Cundy } If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GIRL?</del>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH (Name of Month) <u>Feb</u> (Day) <u>9</u> (Year) <u>1910</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Johnny Magill</u>			(14) NAME BEFORE MARRIAGE <u>Not Married</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>	
(10) COLOR OR RACE <u>Caucasian</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(16) COLOR OR RACE <u>Caucasian</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Laber</u>			(18) BIRTHPLACE <u>House girl</u>	
(13) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Hellie Dingle  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Sumter 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 July 10 1916 (28) W. J. McKeagen 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.