

Form No. 3

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Hampton **STATE OF SOUTH CAROLINA**  
 Township of Deepwater **Bureau of Vital Statistics**  
**State Board of Health**

File No. — For State Registrar Only  
**90295** 58

or  
 Inc. Town of ..... Registration District No. 2402 Registered No. 280  
 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 not named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Anderson O'Brien MOTHER: (14) NAME BEFORE MARRIAGE Ellen O'Brien

(9) PRESENT POSTOFFICE OF FATHER varnville, S.C. (15) PRESENT POSTOFFICE OF MOTHER varnville, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 4/mo (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY same  
 (Years) (Years)

(12) BIRTHPLACE Ir. Calhoun, S.C. (18) BIRTHPLACE Ir. Calhoun, S.C.

(13) OCCUPATION wages hand at mill (19) OCCUPATION house work

(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) M. C. Gooding (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife varnville, S.C.

Given name added from a supplemental report

not named 191...  
G. Gooding Registrar

(26) Witness Mrs. O'Brien (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1916 (28) H. W. Rogers 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.

McCAW, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.