

FORM NO. 3
 WHERE PLACED IN THE UNPAID 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.

(1) PLACE OF BIRTH
 County of Lexington
 Township of Liberty Hill
 Inc. Town of _____
 City of _____
 (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
78070

Registration District No. 3107 Registered No. 75
 (For use of Local Registrar)

St.; _____ Ward)
 (No. _____)

(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>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 23, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Simpson Taylor</u>		(14) NAME BEFORE MARRIAGE <u>Hellie Burnette</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Clemville, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Clemville S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) 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>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 at Clemville, S.C., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. C. Smith M.D.

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Clemville S.C.

Given name added from a supplemental report _____

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

(27) Filed _____ 1916 (28) _____
 Registrar 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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