

MARGIN RESERVED FOR BINDING.
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.

FORM NO. 3. *Belong to Back Swamp - (Mistake)*

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
76987

(1) PLACE OF BIRTH
County of *Florence*
Township of *Black Swamp*
or
Inc. Town of *Black Swamp*
or
City of *Black Swamp*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2000*
Registered No. *1777*
(For use of Local Registrar)

(2) Full Name of Child *Cordelia Bailey* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 4, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <i>Chas. L. Bailey</i>	(14) NAME BEFORE MARRIAGE <i>Ruth Alford</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Florence, S. C. R.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Florence, S. C. R.</i>
(10) COLOR OR RACE <i>White</i>	(16) COLOR OR RACE <i>White</i>
(11) AGE AT LAST BIRTHDAY <i>50</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(12) BIRTHPLACE <i>Mars Bluff, S. C.</i>	(18) BIRTHPLACE <i>Mars Bluff, S. C.</i>
(13) OCCUPATION <i>Farmer & Storekeeper</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>3</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) *7* (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *M. J. J. J. J.*
(24) State whether Physician or Midwife *Midwife*
(25) Address of Physician or Midwife *Florence, S. C. R.*

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness *Mrs. J. J. J. J.*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Aug. 14, 1916* (28) *Mrs. J. J. J. J.* 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.

(Initials)