

FORM NO. 3

Belong to Back Swamp - (Mistake)

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of *Florence* STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

76987

Township of *Black Swamp* State Board of HealthInc. Town of *Black Swamp* Registration District No. *2007* Registered No. *1111*City of *Black Swamp* (No. *2007* St.; *1111* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(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? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 4, 1916</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Chas. L. Bailey</i>	(14) NAME BEFORE MARRIAGE <i>Ruth Alder</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Florence, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Florence, S.C.</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>50</i> (Years)	(16) COLOR OR RACE <i>White</i>	(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 P.M.* (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Margaret E. ...*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Florence, S.C.*

Given name added from a supplemental report

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

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.