

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.

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

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

73988

Registration District No. 3400

Registered No. 25-  
(For use of Local Registrar)

(2) Full Name of Child

Carrie Elizabeth Thomas

If child is not yet named, make supplemental report as directed

(3) ~~Boy or~~  
GIRL?

(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married? yes

(7) DATE OF  
BIRTH Aug. 13, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME

Will Thomas

(9) PRESENT  
POSTOFFICE  
OF FATHER

Newberry

(10) COLOR  
OR  
RACE

negro

(11) AGE AT LAST  
BIRTHDAY 45-  
(Years)

(12) BIRTHPLACE

Newberry

(13) OCCUPATION

Iron laborer

(20) Number of children born to  
mother, including present birth

6

MOTHER.

(14) NAME BEFORE  
MARRIAGE

Carrie Thomas

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Newberry

(16) COLOR  
OR  
RACE

negro

(17) AGE AT LAST  
BIRTHDAY 40  
(Years)

(18) BIRTHPLACE

Newberry

(19) OCCUPATION

Housewife

(21) Number of children of this mother  
now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at a 6 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Believe Caldwell

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Newberry S.C.

Given name added from a supplement-  
tal report

191....

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

Aug 17 1916

(28)

E. H. Moore  
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.