

FORM NO. 3.  
 WHEN  
 N. E. McCaw, of Columbia

(1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of  
 or  
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
45077

Registration District No. 4408 Registered No. 125  
 (For use of Local Registrar)  
 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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet?        (5) Number in order of birth        (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10 1911  
 (To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles B. B. B.  
 (9) PRESENT POSTOFFICE OF FATHER York Co. S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE York Co. S.C.  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Jula B. B.  
 (15) PRESENT POSTOFFICE OF MOTHER York Co. S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE York Co. S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. B. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York Co. S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 15 1911 (28) J. B. B. 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.

Registrar J. B. B.  
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