

SCORED.  
each child, and mark the  
article 5.

FORM NO. 3  
WRITE PLAINLY, WITH UNFADING  
INK.—In case of TWINS OR TRIPLETS  
FIRST-BORN, No. 1  
Cav. of Columbia.

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

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of .....  
 or  
 Inc. Town of Fidmunt  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3 B Registered No. 10  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**2978**

(2) Full Name of Child Mareille Wyre | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? 30 (7) DATE OF BIRTH 2, 15, 1902  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Estelle Wyre  
 (15) PRESENT POSTOFFICE OF MOTHER Fidmunt, S.C.  
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 16 (Years)  
 (18) BIRTHPLACE Anderson Co.  
 (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 1 (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 at Anderson, S.C., at 5:45 P.M., on the date above stated. (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Fidmunt

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 28 1902 (28) [Signature] 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.

0402

APFD NEXT FRAME