

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.  
McGaw, of Columbia

FORM NO. 3.

(1) PLACE OF BIRTH

County of Willie

Township of Johnson

or

Inc. Town of

or

City of County

(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

83844

Registration District No. 12

Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child, David B. B. B.

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? x

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Oct 8

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James B. B.

(9) PRESENT POSTOFFICE OF FATHER Hemingway

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Hemingway

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Britton

(15) PRESENT POSTOFFICE OF MOTHER Hemingway

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Hemingway

(19) OCCUPATION Farmer

(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 Oct. 9, at 1916 at home, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. B. B.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Hemingway

Given name added from a supplemental report

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

(27) Filed Oct 14 (28) L. L. C. 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 fourth month of pregnancy.