

FORM NO. 3

(1) PLACE OF BIRTH

County of Williamsburg
Township of Anderson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54006

Inc. Town of Registration District No. 13 Registered No. 8
(For use of Local Registrar)
City of (No. 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... Nathaniel Middleton } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Nov 13, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME See Middleton

(9) PRESENT POSTOFFICE OF FATHER andrews sc

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Elyix Hughes

(15) PRESENT POSTOFFICE OF MOTHER andrews

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE Sc

(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 born at 12 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife andrews sc

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 3 13 1916 (28) G.W. Lambie 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.