

FORM NO. 3.

(1) PLACE OF BIRTH

County of Williamson
Township of AndersonInc. Town of
or

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
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME See Middleton(9) PRESENT POSTOFFICE OF FATHER andrus sc(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Sc(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elyix Hughes(15) PRESENT POSTOFFICE OF MOTHER andrus(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Sc(19) OCCUPATION Farmer(20) 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) andrus (24) State whether Physician or Midwife (25) Address of Physician or Midwifemidwife andrus sc

Given name added from a supplemental report

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Registrar

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

(27) Filed 3 13 1916 (28) 9 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, N. O. 1, THE OTHER, N. O. 2, etc., in question 5.

McCauley of Columbia