

*This man lives right on the county line and Dr Sims says that he thought he was in Spartanburg or*

FORM NO. 3

*I wish you would write him he ought to have sent it in in Spartanburg he has made no return*

**(1) PLACE OF BIRTH** **CERTIFICATE OF BIRTH**

County of W. P. Keokuk STATE OF SOUTH CAROLINA.  
 Township of White Plains Bureau of Vital Statistics  
 Inc. Town of ..... Registration District No. 1007 State Board of Health  
 City of ..... (No. ....) St.; ..... Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**76226**

**(2) Full Name of Child.** Pearl Waddell } 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 May, 4, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John L Waddell  
 (9) PRESENT POSTOFFICE OF FATHER Clifton S C R #1  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { ..... 2 .....

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marrie Linder  
 (15) PRESENT POSTOFFICE OF MOTHER Clifton S C R #1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { ..... 2 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) ..... C. P. Sims M.D. .....  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Cowpens 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 Sept 16 1916 (28) A. W. Smith Local Registrar

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.

McCauley, of Columbia.

\*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.