

FORM NO. 3.

## (1) PLACE OF BIRTH

County of RichlandTownship of Upperor  
Inc. Town of State Parkor  
City of State Park(No. 0 St. 0 Ward 0)

(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

87250

Registration District No. 380 4a Registered No. 0 (For use of Local Registrar)(2) Full Name of Child Queen Watha { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 10 1914</u> (Name of Month) (Day) (Year)
------------------------------	-------------------------------	---------------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Jim Whatts(9) PRESENT POSTOFFICE OF FATHER William(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 51 (Years)(12) BIRTHPLACE Great fall(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Johnson(15) PRESENT POSTOFFICE OF MOTHER William(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Great fall(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M. (Hour A. M. or P. M.) (Born alive or stillborn)

on the date above stated.

(23) (Signature) Rose Whittaker (24) Address of Physician or Midwife William(25) State whether Physician or Midwife Midwife

Given name added from a supplemental report

191

191

191

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

(27) Filed 191 (28) L. M. Taylor 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.

FIRST-BORN N. No. 1. THE OTHER. No. 2. etc. In question 6.

McGraw-Hill of Columbia