

SECTION OF COLUMBIA, COLUMBIA, S. C.
 PRINTED AT THE STATE PRINTING HOUSE, COLUMBIA, S. C.
 THIS FORM NO. 3 IS THE OTHER, NO. 2, ETC., IN QUESTION 5.
 SEE THE BLANK FOR EACH CHILD, AND MARK THE

(1) PLACE OF BIRTH

County of *York*
Colerivola
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87913

Registration District No. *4404* Registered No. *162*
 (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 *Almie Mae*

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 *Nov 29 1916*
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John J. Macker*
 (9) PRESENT POSTOFFICE OF FATHER *Leslie S.C.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43*
(Years)
 (12) BIRTHPLACE *York Co. S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jennie Gettys*
 (15) PRESENT POSTOFFICE OF MOTHER *Leslie S.C.*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37*
(Years)
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Housewife*
 (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 at *12:30 P.* M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. A. Milford*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *12/1* 19*16*. (28) *J. A. Milford*
 Local Registrar.

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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.