

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. McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of Newberry
Township of Caldwell #1
OR
Inc. 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

73990

(2) Full Name of Child Marnie Counts

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? Yes (7) DATE OF BIRTH Aug. 28, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Counts
(9) PRESENT POSTOFFICE OF FATHER Newberry
(10) COLOR OR RACE Wes (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Newberry
(13) OCCUPATION Iron laborer
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Ella Counts
(15) PRESENT POSTOFFICE OF MOTHER Newberry
(16) COLOR OR RACE Wes (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Newberry
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgeana Counts

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry S.C.

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 Sept 10, 1916 (28) C. J. Moore 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.