Form No. 3

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

(1) PLACE OF BIRTH

County of *Williamsburg*

Township of *Anderson*
or
Inc. Town of .... Registration District No. *4300* Registered No. *31*
or (For use of Local Reistrar)
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
79611

(2) Full Name of Child .... { 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 To be answered only in event of Twins or Triplets	(6) Are Parents Married? *yes*	(7) DATE OF BIRTH *Aug 17*, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME *Houl Morris*	(14) NAME BEFORE MARRIAGE *Lornie Wilson*
(9) PRESENT POSTOFFICE OF FATHER *Trio*	(15) PRESENT POSTOFFICE OF MOTHER *Trio*
(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *29* (Years)	(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *29* (Years)
(12) BIRTHPLACE *S.C.*	(18) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farmer*	(19) OCCUPATION *Domestic*
(20) Number of children born to mother, including present birth *4*	(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Hoult Reid*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Trio S.C.*

Given name added from a supplemental report	(26) Witness ....(Signature of Witness necessary only when question 23 is signed by mark)
...................., 191....	
.... Registrar	(27) Filed *8 23* 1916 (28) *G.W. Carlin* 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.