

MARGIN RESERVED FOR BINDING
 FORM NO. 3
 FROM PLAINLY WRITING INK—THIS IS A PERMANENT RECORD.
 N.B.—As soon as twins or triplets are a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia.

(1) PLACE OF BIRTH
 County of UNION, S. C.
 Township of UNION, S. C.
 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
87737

Registration District No. 4207 Registered No. HA 110
 (For use of Local Registrar)

(2) Full Name of Child Elizabeth Helen Kershubara If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL?	(4) <input checked="" type="checkbox"/> In or <input type="checkbox"/> Tinct? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11, 7, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Ernest Kershubara</u>		FATHER. <u>Kerpulas</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>		MOTHER. <u>Anna Goodwin</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>	
(12) BIRTHPLACE <u>Greece</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Union S.C.</u>	
(13) OCCUPATION <u>Mechanic</u>	(19) OCCUPATION <u>None</u>	(20) Number of children born to mother, including present birth <u>2</u>		
(21) Number of children of this mother now living, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1.9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name L. A. River added from a supplement-
 al report
8/24/143 1916
L. A. River M.D.
 Registrar

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) Filed Nov 16, 1916 (28) D. H. Sarratt
 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.