FORM NO. 3.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
58799

(1) PLACE OF BIRTH

County of Beaufort

Township of St. Helena

or
Inc. Town of ..... Registration District No. 604 Registered No. 69
(For use of Local Reistrar)

or
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 Estelle Moultrie | 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 May (Name of Month) 9 (Day) 1916 (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME John Moultrie	(14) NAME BEFORE MARRIAGE Isabella Moultrie
(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.	(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE St. Helena Island S.C.	(18) BIRTHPLACE St. Helena Island S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer
(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 3 a.m. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hagar Henderson

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

Given name added from a supplemental report

..... 191...

..... Registrar

(26) Witness A. E. Davies
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/10 1916. (28) Geo. H. Crocker
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.

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.