

Form No. 3

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Shiloh
 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

536

Registration District No. 4-107Registered No. 24
(For use of Local Registrar)

(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 Ellen May Rinson 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 Feb. 18, 1928
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Willie Rinson (9) PRESENT POSTOFFICE OF FATHER Lynchburg, Va. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (12) BIRTHPLACE N.C. (13) OCCUPATION Farming (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 6

MOTHER: (14) NAME BEFORE MARRIAGE Pearl Rinson (15) PRESENT POSTOFFICE OF MOTHER Lynchburg, Va. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (18) BIRTHPLACE N.C. (19) OCCUPATION Housework (20) 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) Alma X. McQueen (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shiloh, Va.

(Given name added from a supplemental report)

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

(27) Filed 2-28-28 (28) S. B. McQueen 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 INDEXING.
 WRITE PLAINLY. WITH INK. WHEN INDICATED IN A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS, SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 3.
 RECORD OF COLORED PEOPLE, COLUMN 3, C.