

Form No. 3

(1) PLACE OF BIRTH
 County of Hampton
 Township of Pepper
 OR
 Inc. Town of
 OR
 City of
 (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
77480

Registration District No. 2402 Registered No. 197
 (For use of Local Registrar)

(2) Full Name of Child Mac Bell Capers ... 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 1906
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Williams (14) NAME BEFORE MARRIAGE Mary Bell Capers
 (9) PRESENT POSTOFFICE Hampton 193 (15) PRESENT POSTOFFICE OF MOTHER Hampton 193
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY (Years) 27 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY (Years) 27
 (12) BIRTHPLACE Hampton Co (18) BIRTHPLACE Hampton Co
 (13) OCCUPATION Farming (19) OCCUPATION House & field work
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. Hampton 193
 (23) (Signature) Marshall Stone (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report
 191....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Sept 30 1906 (27) Filed 191 (28) W. Rogers 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.