

FORM NO. 3 - 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.
 W. E. McCaw, of Columbia.
 McCaw.

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

File No.—For State Registrar Only
65340

(1) PLACE OF BIRTH
 County of Macon
 Township of Macon
 or
 Inc. Town of Registration District No. 3403 Registered No. 39
 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 Hannelle Virginia Sosque } 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 June 26, 1916
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will. Sosque
 (9) PRESENT POSTOFFICE OF FATHER Macon SC RFD 1
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Macon SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Edie Owens
 (15) PRESENT POSTOFFICE OF MOTHER Macon SC RFD 1
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Macon Co.
 (19) OCCUPATION None
 (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 born at 10²⁰ P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) S. Marvyn Diller
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Macon SC

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 11/6 1916 (28) Space 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.

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