

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.

CLAY PRINTING CO., COLUMBIA, S. C.

Form No. 3

1. PLACE OF BIRTH
County of Spartanburg
Township of Walnut Grove
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
Registration District No. 4010

FIL 16 095047 Registrar Only

Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD Lois Massie (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL Girl 4. Twin or Triplet? Twin 5. Number in order of birth 6. Are Parents Married? 7. DATE OF BIRTH July 22 1916
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Jim Massie
9. PRESENT POSTOFFICE OF FATHER Moore, S.C.
10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 26
(Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Farmer
20. Number of children born to mother, including present birth 4

MOTHER
14. NAME BEFORE MARRIAGE Estella Blakely
15. PRESENT POSTOFFICE OF MOTHER Moore, S.C.
16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 24
(Years)
18. BIRTHPLACE S.C.
19. OCCUPATION Domestic
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 7 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Fannie Honeycutt
24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report
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Registrar

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

27. Filed July 22 1916 28. W. Fred Newman
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.