

FORM NO. 3.

(1) PLACE OF BIRTH

County of Richland  
Township of Wadesboro  
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  
**79021**

Registration District No. 2804 Registered No. 24  
(For use of Local Registrar)

(2) Full Name of Child Maryfield Corby White

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married?  (7) DATE OF BIRTH Aug 6 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Sid White  
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth

MOTHER.  
(14) NAME BEFORE MARRIAGE Cora White  
(15) PRESENT POSTOFFICE OF MOTHER  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years)  
(18) BIRTHPLACE  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Johnson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | R. F. D 1-68  
(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)

Given name added from a supplemental report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Registrar

(27) Filed at \_\_\_\_\_ 1916 (28) L. M. Taylor  
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.

RECEIVED AT COLUMBIA, S. C. THE OFFICIAL NO. 3, ETC. OF QUESTION 8.