

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 McCaw, of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

FORM NO. 3.

(1) PLACE OF BIRTH

County of Det  
Township of W. Blm  
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  
**77964**

Registration District No. 3.004 Registered No. 52  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.) St. Ward

(2) Full Name of Child Ellie Frances { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 2 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Julius Frazier  
(9) PRESENT POSTOFFICE OF FATHER Bishopville  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Rosa Scott  
(15) PRESENT POSTOFFICE OF MOTHER Bishopville  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm Labour

(21) Number of children of this mother now living, including present birth { 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. C. C. C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville

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) File Aug 8 1916 (28) J. Martin Smith 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.