Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66314

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
Inc. Town of ..... Registration District No. 4008 Registered No. 567
(For use of Local Registrar)
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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Feb 4 16

FATHER

(8) FULL NAME Ed Rimball
(9) PRESENT POSTOFFICE OF FATHER Spartanburg R 2
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Nancy Emaline Brown
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(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 born alive at 8 A M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W S Guy M D
(24) State whether Physician or 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)

(27) Filed June 1 1916. (28) C. F. Parker 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.

WRITE PLAINLY. WITH INK OR TYPEWRITER. MARRIED WOMEN ARE REQUIRED BY LAW TO GIVE THE NAME OF HUSBAND AND FATHER OF CHILD. N. B.—In case of TWINS OR TRIPLETS, the name of each child must be given in the order of birth. FIRST-BORN, No. 1, THIRD-BORN, No. 3, etc. In typewriting, use capitals throughout.

McCaw, of Columbia.