

Form No. 3

(1) PLACE OF BIRTH

County of CalhounTownship of One Horseor
Inc. Town of Low Star SCCity of Low Star SC

(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

File No.—For State Registrar Only

88472

Registration District No. 803 Registered No. 96

(For use of Local Registrar)

St.: Ward(2) Full Name of Child Julia McMillin

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth 3(6) Are No
Parents
Married?(7) DATE OF Oct. 8
BIRTH 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Rich. Korte(9) PRESENT
POSTOFFICE
OF FATHER Low Star SC(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 19
(Years)(12) BIRTHPLACE Barnwell SC(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Julia McMillin(15) PRESENT
POSTOFFICE
OF MOTHER Low Star SC(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE Midway SC(19) OCCUPATION Farmer(21) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mrs. B. E. Korte

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Low Star SCGiven name added from a supplement-
tal report

..... 191.....

Registrar

(26) Witness

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

(27) Filed

Oct 16 1916

(28)

J. D. Stoddard

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.

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.

McCurry of Columbia.