

Form No. 3 *By Court Order dated 3/12/75.*

(1) PLACE OF BIRTH

County of *Spartanburg* STATE OF SOUTH CAROLINA.  
Township of *Cherokee* Bureau of Vital Statistics  
or  
Inc. Town of ..... State Board of Health  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only  
**62136**

Registration District No. *40020* Registered No. *1851*  
(For use of Local Registrar)

(2) Full Name of Child *Mary Emma Champion*

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

(3) BOY OR GIRL? *Female* (4) Twin or Triplet? *No* (5) Number in order of birth *4* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May 28, 1916*  
(Name of Mother) (Day) (Year)

FATHER.  
(8) FULL NAME *Clate Champion*  
(9) PRESENT POSTOFFICE OF FATHER *Cherokee 17002*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43* (Years)  
(12) BIRTHPLACE *Berk Co.*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth *14*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Elizabeth Davis*  
(15) PRESENT POSTOFFICE OF MOTHER *Cherokee 17002*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38* (Years)  
(18) BIRTHPLACE *Bamberg*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *14*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Balim* at *12:15* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. E. H. ...* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Cherokee S.C.*

Given name added from a supplemental report  
*C.O.# 8280*  
*Filed 4-8-75 - Home*  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *June 10, 1916* (28) *J. H. ...* 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 FOR BINDING.  
S. 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.  
McCaw, of Columbia.