

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.

Form No 3.		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
(1) PLACE OF BIRTH		STATE OF SOUTH CAROLINA		1899	
County of <u>Hampton</u>		Bureau of Vital Statistics			
Township of <u>Hampton</u>		State Board of Health			
or		Registration District No. <u>2403</u>		Registered No. <u>37</u>	
Inc. Town of <u>Hampton</u>				(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 <u>Therrie Loya</u>				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	(6) Are Parents Married?	(7) DATE OF BIRTH	
<u>Girl</u>	<u>-</u>	<u>2</u>	<u>Yes</u>	<u>June 16, 1900</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME	<u>Oscar Loya</u>		(14) NAME BEFORE MARRIAGE	<u>Ira Thompson</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Yemassee SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>SC</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY		
<u>Col</u>	<u>22</u> (Years)	<u>Col</u>	<u>19</u> (Years)		
(12) BIRTHPLACE	<u>SC</u>		(18) BIRTHPLACE	<u>SC</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Monica H. H. H.</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) State of Physician or Midwife <u>South Carolina</u>					
Given name added from a supplemental report			(26) Witness <u>W. M. Williams</u> (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>June 20, 1900</u> (28) Local Registrar <u>J. B. Mead</u>		
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.