

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.

McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of *De*

Township of *W. L. L.*

or
Inc. Town of

or
City of

(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

77963

Registration District No. *3.204*

Registered No. *57*

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *2*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Aug. 1, 1916*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Israel Davis

(9) PRESENT POSTOFFICE OF FATHER

Bishopville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY *35*
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Iris Davis

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY *16*
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Laborer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Elizabeth C. Colclough

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

Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

J. Martin Smith

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

(27) Filed

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.