

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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 Yadkin

Township of Arden

or
Inc. Town of

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

49944

Registration District No. 3402 Registered No. 114

(For use of Local Registrar)

(2) Full Name of Child Willie William { 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb. 8

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard William

(9) PRESENT POSTOFFICE OF FATHER Whitman SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Yadkin, N.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie

(15) PRESENT POSTOFFICE OF MOTHER Whitman S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Yadkin, N.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Bess

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

Midwife Whitman

Given name added from a supplemental report

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

(27) Filed Feb 18 1916 (28) Whitman 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.