

FORM NO. 3

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49742

(1) PLACE OF BIRTH

County of *Lee*

Township of *Int. Clis*

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.)

Registration District No. *3004* Registered No. *1*

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child... *John Thomas* } 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 *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 14 1930*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Richard Thomas*

(9) PRESENT POSTOFFICE OF FATHER *Belhath*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *29* (Years)

(12) BIRTHPLACE *R. D. Cooper*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Martha Isaac*

(15) PRESENT POSTOFFICE OF MOTHER *Belhath*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *R. D. Cooper*

(19) OCCUPATION *Farmer*

(21) Number of children of this mother now living, including present birth } *3*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *adult*, at *7. Belhath* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *Margaret Ramms*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Belhath SC*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Jan 20 1930* (28) *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.

MARGIN RESERVED FOR BIRTHING. 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.