

FORM NO. 3
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.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenwell
or
Inc. Town of Greenwell
or
City of Greenwell (No. 1 St.; Ward)
(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
85805

Registration District No. 2209 Registered No. 520
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 2 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME James F. Hester (14) NAME BEFORE MARRIAGE Esare Moon

(9) PRESENT POSTOFFICE OF FATHER Greenville (15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Pickens Co (18) BIRTHPLACE Greenville

(13) OCCUPATION Barber (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (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 alive at 6:45 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alvin Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Nov 11 1916 (28) 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.

fifth month of pregnancy