

FORM NO. 3

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.

WE  
N. 1

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Summerson  
 or  
 Inc. Town of Gaffney  
 or  
 City of White (No. ....) (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  
45692

Registration District No. 10A Registered No. 10  
 (For use of Local Registrar)

(2) Full Name of Child Bessie Catherine Camp If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Female</u>	(4) Twin or Triplet? <u>Single</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Clark Camp</u>			(14) NAME BEFORE MARRIAGE <u>Sallie E. Elmore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spartanburg Co S.C.</u>			(18) BIRTHPLACE <u>Spartanburg Co S.C.</u>	
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Domestic</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>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 A.M.,  
 on the date above stated. (Born alive or stillborn) (After A.M. or P.M.)

(23) (Signature) J. J. ...

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

Given name added from a supplement-  
 al report

..... 191.....

.....

Registrar

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

(27) Filed 1/22 191..... (28) W. Z. 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.

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