

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

McCaw, of Columbia.

McCaw, N. J.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 45692

(1) PLACE OF BIRTH
 County of Charleston
 Township of Summerton
 or
 Inc. Town of Gaffney Registration District No. 100 Registered No. 10
 or
 City of Ditey (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX <u>Girl</u>	(4) Twin <u>Single</u> or Triplet?	(5) Number in order of birth <u>3</u> <small>to be given only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20</u> 19 <u>16</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 S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(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) (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 supplemental report 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed <u>Jan 20</u> 191 <u>6</u> (28) <u>J. J. ...</u> 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.

LOCAL REGISTRAR.
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