

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.
McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of *Clarendon*
Township of *Manning*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
76442

Inc. Town of or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *1307* Registered No. *66*
(For use of Local Registrar)

(2) Full Name of Child *Olivia Mahoney* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept, 13, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Robert M. Mahoney*

MOTHER
(14) NAME BEFORE MARRIAGE *Mattie Olivia Beston*

(9) PRESENT POSTOFFICE OF FATHER *Manning 2701, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Manning 2701 S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *42* (Years)

(12) BIRTHPLACE *Clarendon Co S.C.*

(18) BIRTHPLACE *Clarendon Co S.C.*

(13) OCCUPATION *Farming*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth { *12* }

(21) Number of children of this mother now living, including present birth { *10* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Cliza Johnson*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Manning 2701 S.C.*

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed *Sept 22, 1916* (28) *A. S. Todd*
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.